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1858–59

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Ladies and Gentlemen,— The topic presented for your consideration this evening, is drawn from a familiar act of life. We having an intimate and daily acquaintance with the subject from very necessity — Apology therefore for offering so trite a subject may in the outset be necessary. And lest we fail to present any suggestions worthy your attention and serious deliberation, we will now deprecate your censure and ask your kind favour.

We entitle our essay a — few thoughts upon food — Implying by the term food whatever substances are ingested by man for his sustenance and nourishment. And though we are unable to present to you this important topic in all its amplitude, or to exhibit fully its details; we yet aim to afford you a sufficient view in the abstract of the subject named, to at least amuse, and perhaps through future reflection, to profit —

Food is a theme of serious import in whatever

aspect it be taken. We receive daily admonitions on this head and may hence be said to entertain a fellow feeling on the subject. What shall we eat and what shall we drink are considerations common to all — We propose to add the query — Why do we eat and drink, why certain kinds of food. Mankind seem ever to have been troubled with a longing to investigate the facts and principles of diet. For the very earliest account, of the doings of the primeval pair in their felicitous state, indicates the fact that feeding was an employment to which they were unhappily subjected; and we find that their researches for truth occasioned them trouble of a grave nature. While their succeding progeny seem to inherit an appetite equally troublesome insatiable and curious — And the search for rare and unknown dishes, has as constantly rewarded the rashly inquisitive with condign punishment. Many we may conjecture have suffered indigestions, cramps, choleric-

fits, poisonings even, in their eager search for truth; experimenting in the culinary art, assaying the goodness and quality of divers compounds of the Cooks' art— Concocting and decocting for the benefit of posterity. Noble Martyrs were they!— than whom there has existed no more useful and faithful class of students.— Expurging as they have done many hurtful barbarisms— Removing coarse and vulgar matters; and leaving us as a result of their labors a delicate aesthetic science. A large portion of the time and talents of men of every age has been devoted to the attainment of this object— to wit; the most perfect, readiest and most grateful mode of preparing and supplying articles of food. We have hence a combined result of the experiments and studies of men of every clime and kindred, from antiquity to the present day— An Art, adapting to our nourishment the numerous & varied classes of animate beings. ——

Here we would assume the authority of a censor, to exclaim against a pernicious error

in the public mind. We allude to the method of educating our youth in this science of food preparation.— The idea is, that it is merely necessary to know some few details of a daily routine of domestic culinary duty and perhaps a smattering of recipés of traditionary value; An important change in the instruction of the gentler sex in the chemistry of cooking & preparing food, is earnestly demanded.— The pharmaceutical (so to speak) combinations of dishes for the table—, the hygienic laws of Nature— The why and wherefore of each culinary operation. If this were effectually done in our female instruction, there would accrue immense benefit to those who are dependent for their health and comfort on the kindly domestic offices of Woman! The health of all would be enhanced.— The harmony, happiness, prosperity and good digestion of families be greatly promoted. The pleasing prospect can be marred but by one possible blemish; that by

rendering the services of physicians less imperative and frequent; our profession might thus receive serious damage. As few however see this side of the picture, we as in the minority prefer ourselves to suffer for the good of the many. What joy to be conscious that those gentle beings to whom we are undoubtedly indebted for all that is elegant or charming at home; were as earnestly catering for our internal welfare, as well as directing and managing our external comfort and department. "Tis a consummation devoutly to be wished." How lightly would men go to toil and daily labour satisfied with what was physically and chemically adapted to their sustenance; with the mind and the body free from insidious gnawing pangs of rebellious digestion. The result would be to double, at least, the ease peace and usefulness of our lives. Did not Napoleon the Great, lose a famous battle-field, from the having eaten an ill-adapted "fryed mutton chop"? — perpetrated by a

cook innocent of chimical and hygienic knowledge, or haply by an artiste in retaine by the enemy with the cunning design of thus aiming a heavy blow at the very head and stomach of their adversary. Leipsic-tate will will ever be held up as the terrible example of bad cooks. Many a student too has found study impossible under repeated indigestions, and after many attempts to resist the depressing influence has attributed to feeble health, consequences resulting from unprincipled boarding house compounds; and driven at last to refuge under some humbler occupation, has hid talents and happiness forever. Turning to history, we will find that as mankind grew learned in the art of preparing food, the frequency of personal conflict lessened.— In ancient days, men employing crude and indigestible food, there arose hence, frequent colics, heartburnings and sudden pangs —, which spoiled their suavity and patience; and they became quarrelsome and outrageous in con-

sequence of these incessant gallings. And whenever at the present day we perceive indications of war tumult or riot, depend on it, some demagogue has dined badly, or a would-be diplomât has lost his stomach, and vents his choler in a protocol, — Seeing then the evils resulting, ye fair and good of Earth! lend your endeavour in this direction to repell & avert the mischief. We well knowing, that whatever you resolutely undertake, must in the end succeed: thus boldly, urge you to amend this crying evil of bad cooking. Save us from the tender mercies of ignorant careless foreign mercenaries. A great cause of strife and contention will cease, & the benign influence of the olive branch of Peace will be extended to incalculable advantage! Would that time, or the powers were given me, fully to picture the dire results to humanity of a bad system of food preparation! Let your affectionate hearts, benevolently avert this immense source of misery! Ye authors of good! Pity and relieve, while you sorrow for the past! —

The natural incentives to eating are thirst & hunger And we are besides endowed with a palate that is capable of high and pleasing sensations. In obedience to these impulses, we all if in health enjoy the act of feeding, hugely. This fact is not one to shame us. For it is the shrewd way in which Nature lead us unconsciously to act her bidding, in a manner so pleasing to our senses, that we are almost cheated into the belief that we are indulging in sensual gratification; & call it sinful appetite. While really it is Nature's demand for supplies to keep up the tone & vigour of the body. All men desire to eat good viands & to eat them in peace; And contests in olden time seem to have been undertaken for the sole purpose of the prospective banquets of victory. And he that would eat well must necessarily fight admirably. While in all ages, the occasions of Religious worship, triumph, conquests; changes of season; domestic ceremonials of joyful or sad character; & every other possible pretext, have been seized upon as reasons for festive enjoyment. As if the very summit of

toil, daring, happiness & ambition, lay in having a good time at table. Even we, modernly refined as we proudly consider ourselves, & stifling or hiding all our natural impulses from public eye, - Ashamed apparently that we are human, - are not able wholly to restrain Nature, & the strong festive impulse bursts forth among us, in an unrestrained outlet denominated Thanksgiving - a Notable instance of the wonderful workings of Natural impulse.

Having asserted that men are universally and lawfully inclined to ingestion of food - that it is both proper and good to eat: - We would turn to a few facts of graver import. Looking at some special physiological facts, in the use and relations of food. And although it is almost unpardonable in a brief and desultory essay as the present, must necessarily be, to attempt to describe or even to enumerate all the various laws and processes of vital action; We will still hope to offer a few interesting facts. - The proximate principles of food are few, however various the forms we select, and notwithstanding the multifarious character of the in-

gredients composing our diet. The prominent & chief constituents of our aliment are Starch, fibrin and water: Whether we regale ourselves on the choice efforts of a skilled French artiste, or choose the repast of an Hermit;— when the articles are submitted to the chimical cauldron, they are found to be identical; and are but bread and beef in fact when all superfluous covering is removed. This very simplicity of our food is not the least surprising fact presented to our reflection. The food of various peoples, however complex or diverse the articles employed, is for the most part only distinguishable in point of the quantity & the form in which the nutritious & sustaining principles of aliment are taken. Instinct guided all men in the selection of their edibles, and science now shows that the wants of nature are satisfied in the most suitable manner; and are essentially the same throughout the world. In all habitable regions abundant supplies of food are presented— a fruit, a grass, a tree, a leaf or root; and thence the resulting animal appropriate where it is needed.

Everywhere the necessary staple adapted to the peculiar wants of the clime. Whether we are inhabitants of Polar or of torrid zones; denizens of civilizations or of barbarous wilds — Of whatever shade of colour or degree of intellectual development, our food by analysis is found essentially the same. Man the omnivorous biped under circumstances of climate habit, avocation or religious opinion, has appropriated to support of his corporeal existence every green and living vegitable; & all species of beast bird & creeping thing. Whether we use exclusively an animal or a vegitable diet, or an admixture of either, we employ the same elementary principles The gluten of the one and the fibrin of the other being similarly serviceable for nutrition or reparation, While the starch sugar and fat are also identical in their supporting power. The animal is but a condensed or consentrated result of vegitative consumption. Briefly then the two divisions of food are that which keeps the machine in repair, and that which produ-

ces vital heat. Nitrogenous or histogenic and Carbonific or calorifacient food. But Water and oxygen and some mineral substanas enter also into our economy. The oxygen to be brief being necessary to the combination with food to render the blood proper and fit for replacing as it does, the waste tissues and the lost heat of the body. Beside may it not in its epalted condition of ozone serve to purify and preserve the vital health of the body? It would be very interesting to entertain for a short time a limited view of these varions respiratory, digestive and assimilative processes, did time allow. To proceed — Man is an ever-moving machine & as motion can in no case be performed without a corresponding waste of component materials; so this loss must be re supplied; or we would soon consume ourselves, even if we rested torpid. Every slight movement of muscle, each thought however fleeting, causes a chimical or material alteratin of tissue; & the waste matter must be removed, and replaced anew with regular and even flow.

Food is hence required to replace this drain of substance; & besides it is demanded in large quantity for fuel, by union with the oxygen of respiration. The animal heat which must be a constant quantity is to be kept up from within notwithstanding circumstances of climate or exercise, In cold regions much carboniferous matter is required to keep the balance against the excessive conduction and convection of the air. While in warm climates the less heating kinds of food are appropriate. Go where we may in this Earth of ours, Mankind will be found using from a sure instinct such articles as are best adapted to their wants in different circumstances. The most degraded Root-digger of Oregon, the delicate gourmand of Paris, The veriest savage of North America, the Kaffir of the plains of Africa The rice consuming East Indian, the beef eating Englishman, The potato-cramming Paddy, the Polynesian dependant on bread fruit & banana, all employ the self same elementary principles of diet. No country fails to furnish for its children ap-

propriate and healthful nutriment. And the taste is instinctively led in a wonderful manner to prefer such articles as are best conducive to a healthy existence. Water also enters largely into our composition - We are two thirds water - Water again being the universal solvent - and the Chimical laboratory of digestion demands a large amount for its digestive fluids - and as the vehicle for the inlet and outlet of the requisite mineral & chemical substances of our corporeal structure. Moreover a large supply of water is called for to refrigerate our otherwise overheated condition, under the constant internal combustion; without which balance we would become desiccated to deadly destruction. Let us hasten to inquire why we select certain forms of food; why do we cook food? Men of different nations have acquired certain proclivities for particular victuals, - in accordance with the peculiar demand of the body in circumstances of habit ~~and~~ of life and climate. National dishes have hence arisen, founded

on strict scientific bases of physiological and chimical law. And the fondness for peculiar delicacies, should only be more reverenced, the more they seem to have been merely the productions of fancy or whim. Bread and Beef are chosen as the standard of food, because they present in a convenient and most concentrated form, those elementary principles of food, the starch and fibrin; in just and healthful proportion. Therefore a union of animal and vegitable diet is alone healthy — And instinct has guided mankind in his various combinations of culinary art, to prepare and select such articles as either by uniting in the act of cooking, or else by associating at mealtime, the separate ingredients, he imitates, the standard combination of elements, as afforded by Bread & Beef. Hence Bread and Butter; So also we add sugar to fruits to supply their want of carbonaceous principle; And oil with vegitables for the same reason. Often by uniting different vegitables a similar result is obtained; one having an excess of the qual-

city in which the other is deficient, as the potato with the carrot or turnip and Cabbage &c. Again many articles of food are chosen instinctively, from their containing certain mineral substances or chemical characteristics, which are called for in our internal economy. For instance the use of the strong smelling onion, the mustard, assafoetida garlic & horseradish, may be traced independently of their stimulating qualities to the sulphur they contain, and which is supposed to aid the growth of the nails and hair. Saccharine and oily substances, because they furnish carbon largely are readily selected, wherever the want for this material exists, for generating heat; when other food is insufficient. The dutchman's sour-Kraut is useful to his often overtasked digestive apparatus in furnishing lactic acid. Tea and coffee are advantageously employed, because by their aid we can live on a less quantity of food from their stimulating and sustaining nature. And we may justly conclude that even Alcohol, in form of Ardent Spirits, Wines, &c, if used

temperately and judiciously is a proper food, since we see that men of every climate & condition in all ages & under every variety of cultivation and disposition, have a natural fondness for it, And that they all have independently sought some way of procuring beverages containing this property of sustaining and stimulating their vital powers. The use of Narcotics may be defended under the same rule.— But this is dangerous latitude; and we hasten to conclude. We see that Nature directs us to cook, that food may be rendered both easier of digestion, and more nutritious & subservient to the chimical laws of our bodily existence.— The Greenlander swallows his blubber and train-oil, to prepare against the effects of extreme cold: The Chinaman his birds-nests and puppies for the sake of their gluten: The inhabitants of torrid zones, have their light and cool diet of fruits and grains.— While we in a rugged and variable climate, by combining all sorts of food, are ready to meet all vic-

issitudes of season. Or at least we should try so to arrange our manner of living, as to be able to resist the effects of change. But habit and fashion often renders us careless of our health.

We have inquired why we eat and find that it is because man is an ever-burning furnace, generating his life-heat constantly and therefore must have fuel: He is also a chemical laboratory and workshop, for internal supplies and repairs, the requisite material then must be ever at hand and of the proper quality: He is like a great Cookshop also, out of whose flues, continually belch forth clouds of carbonic acid and vapour; In this way he repays vegitation for the store of sustenance he derives from that source; thus performing his alloted duty in the order of created things.

Here we would digress, a moment, to observe how the origin of the "Patties" may have originated in our day from the study of the subject presented you. — Here may be seen the origin of the Vegitarian school; who taught that all food

should be grains, herbs or fruits, as the only healthful diet: Since they found that inferior animals did, and man could live on this aliment, they rashly inferred that it was proper and a safe course of living for all those who would avoid treating food whose tempers were hot and incontrolable; and they promised that vice and wickedness should be expelled from among us provided we all avoided animal food. Ignoring the chemical facts of our existence; of the utter impossibility of furnishing in vegitable food the required amount of concentrated nutriment that is drawn from flesh alone: Well knowing as they ought that whenever from morbid condition of the body or mind or from adverse circumstances, the system is forced for a long time to receive a diet in which the proper proportion of the elementary principles of food are not furnished, the man surely decays; The natural instinctive wants of the body thwarted, the nutritive process is rudely deranged & most ruinous consequences, disorders of both mind & body ensue.- Their

own shabby and imbecile theory is a forcible example of the insane and injurious results of a practice so puerile. The opposite theory of confining the food of weak and enfeebled persons exclusively to an oily or fat meat diet is equally unfounded in physiology. But this is only carrying a good thing to extremes.

The Hydropathists to finding water to enter largely in human composition fully argued that water must be a pure and great remedy. their only success seems to be in scaring their patients into assumed health from fear of becoming fishes.

Heat and vapor seem a constituent of life, and hence Steam doctors have vapoured their brief hour! Even the Homeopathists having heard that mineral substances in solution were required in very small quantities for the perfection of the man machine;- With their minute stock of perception; and knowledge as small as their doses, have hence invented their infinitesimal absurdities — The very thirtieth power of diluted nonsense.- All these empir-

ics and charlatans, deducing arguments from single facts and cases, quacklike, have been led into monstrous hallucinations — The fate of one-idea men. From all this medley, good has arisen out of evil, — Nature in the struggle to gain her truths will ever work a successful issue: the result here being our most excellent and rational system of Medicine; Scions of which stately growth, we now present ourselves

Returning once more to our subject —

We do nothing of ourselves. Nature has directed us in all our acts and habits — in the carrying out the universal system. We acting our feeble part in the great life drama, serve but as the connecting link in the wise plan of order and utility. The inorganic is food for the motionless vegitable; these in turn become nourishment to the brute; while man is subsisted on both the Animal & the vegitable creation. Man again in common with inferior animals, throws out incessantly the elements of his composition altered, to fit it for the reproduction of vegita-

ble and inorganic life; While the processes of both life and decay go to the same end. Part of the refuse and waste material being taken up by vegitation, is again changed into its peculiar character: the matter going on thus alternately, over and over again, converted and reconverted into all and every the varieties of created things —. Obedient to the Plastic hand! a never ending, never erring course of usefulness By constant and incessive changes and slow revolutions,- physical results and chimical agencies. From the organic to the inorganic, through the Animal, vegitable and mineral states.- An endless intersuccession of changes, Out of each into all, and through every form of life. ——

This view carries us to a perception of the vast scale of creation, a subject beyond our comprehension: But glimpses of the order and beauty of His plan may be traced-

The Infinite goodness, wisdom and power inherent in all things.- Our insignificance

the part we act, the duty we owe!—
We are led to be grateful to God, that we are
not "as the beasts and flowers of the field
that perish"; but have souls and minds to
perceive and know and admire all this
great and excellent Work.—Although our
present power fully to appreciate the vast-
ness, wisdom and extent of Creation be
small—Yet even in this world we may
cultivate a better acquaintance with its
sources of Knowledge— And may derive
therefrom present profit and pleasure; and
be rendered ambitious of a state, where here-
after our wisdom shall be equal to the
full comprehension of the beauty and power
of the Whole!—

Mr. Dean, and gentlemen of the faculty,
to me the pleasing painful duty now remains,
of acknowledging on behalf of my fellow-class-
mates the Kindness you have ever shown to-
ward us, and the constant care you have ta-
ken for our intellectual and moral progress,

while pursuing the study of Medicine under your direction. We now for the last time are standing before you in our relative capacity of pupil and teacher. — Whatever has been the result of your instruction and anxious care, to our accomplishment in the Sciences pertaining to the art of Medicine; time alone will make known. From your kind advice Gentlemen, and from your direction we may expect no further aid. We, are to struggle alone, to discover the path to usefulness and prosperity: But all we are, or may become, we feel is owing to yourselves. Whatever of knowledge or of moral value we possess in our capacity of Physicians, is attributable to your instruction and example. You have been kind to our failings — have smiled approval on our essays toward attaining knowledge and character. In faithfully imparting your experience and scientific acquirements & in your condescending care We believe you have been faithful to your

charge. For your example in the deportment and character of gentlemen and benevolent physicians we are also profoundly thankful. Briefly and truthfully - for the trite sayings common to occasions like the present, are but feeble expressions of our hearts - Let me say, that we do most sincerely thank you for your instruction and fatherly kindness. We Pray God to bless your lives - and bid you an hearty, affectionate farewell!

Fellow-classmates - we have journeyed long and pleasantly together; and now have come to the place for parting. We are now to act independently and singly, without any advantages of union or sympathy. We go into the unknown and obscure future to perform our allotted duty as men. To a calling as ennobling and honorable, as any on earth Let us never forget the virtuous example and careful instruction of our revered teachers. We will never cease to recall with joyful emotions, these halcyon days of our

student existence, when we were free from care and the vicissitudes of life. Let us keep up the joyous heart of boyhood as far as practicable, even to green old age. It is a shield against vice, and the temptations of power and knowledge. Never sink beneath the frowns of ignorance or ingratitude. For ingratitude and calumny are ever abroad and we will surely meet their stings. But did not that Good and Greatest Physician when on earth in mortal form, heal the ten lepers and yet only one returned and was thankful for the blessed gift of restored health?

Let the Mens conscia ever be our support—. As we increase in knowledge, let us seek ever to discover new truths, for the science of our Profession is eminently a progressive one.— Basing our conduct on a high and just standard of honor, honesty and a fearless defense of the right.— Kind and benevolent, with the Knightly bearing, so often exhibited us, ever before our eyes,

as our model of a physician and a gentleman. Placing our ambition in doing good to all; and ourselves as secondary. Seeking early a kind, gentle, confiding companion as our better portion, — to render life's journey happy and successful. Allowing no temptation to cause us to swerve from what we know to be true, honest and just, — And excuse this my first and last lecture to you; since you know lectures will not trouble you for some time again. — Dear friends as a band, we will never more meet — let us endeavour so to live as to be able to assemble, together, before the Great Judgment, — not as unfaithful servants! —

Gentle hearers, one and all we sincerely thank you for your patient attention to our attempt to interest you, We wish you "happiness & good digestion and health to wait on both". If you fel a desire for further acquaintance with the present newly-fledged bevy of Patrists; we hereby refer you to our forthcoming Shingles! —

Finis

Jno Martin Baines

Apoplexy may be defined as a sudden loss or suspension of the animal functions with a slow full pulse, laborious breathing; generally attended with stertor; whilst the organic or vital functions continue with little or no perceptible disturbance.

The attack of Apoplexy is variable; In some, it comes on suddenly without any premonitory symptoms. The patient falling suddenly, almost instantaneously but more generally the patient has warning of this serious and dangerous disease;— A few of the premonitory I will mention Head ache; dull and deep seated, particularly when stooping down, or with a sudden turn of the head; Vertigo; A turgid state of vein of the head; A strong inclination to sleep with loud and stertorous breathing; grinding of the teeth; Incubus, or night mare; Transient deafness; & blindness; or sometimes merely a perversion of the senses of hearing & seeing

Incoherent talking resembling that of intoxication;
giddiness and a sensation much resembling faintness;
Stammering; substituting one word for another;
Forgetfulness of names and particular words dates
and even of transactions which occured but a
few hours before; The loss of touch perverted slight
paralytic affections; Difficulty of voiding
urine &c;

These symptoms are not by any
means all present at once or in any single
case nor are any one of these indications
taken separately and alone a marked indication
of the disease, For instance, one have head ache
when the stomach is deranged, often numbness
arising from injuries of some of the nerves,
Partial Paralysis also from similar cause,
Therefore we must not always expect to have
Apoplexy when several of these symptoms are present,

It is when one or more of these
symptoms occur, and we are not able to
account for their presence, that we fear
something wrong is going on in the brain,

in persons predisposed to this disease we should look for serious consequences, and apply our remedial treatment. For often is the case that if measures are postponed untill untill the disease shows itself in full strength it is to late for action, except the act of following the patient to his silent tomb.

I have spoken of a predisposition to this disease in many persons, and now I will mention some of their peculiar characteristics. They may be divided in three classes, 1st Those who have descended from an apoplectic family; 2d Those who have a peculiar conformation of body, as for instance a large head short neck; broad shoulders; prominent abdomen, &c 3d Those who are advanced in years,—

The disease is not wholly confined to this class of persons; For instances have been on hun the tall and slender have fallen victims to this formidable disease; also the young, and those whose ancestors have not been afflicted by the disease

Pathology, What is the immediate cause of the abolition of sensorial power and voluntary motion; Pathologists are far from being unanimous in their answer to this question, Some say and maintain that pressure on the cerebral mass, is always the cause of the characteristic phenomena of this disease; whilst others maintain that simply interrupted circulation in the brain is the cause, others again suppose that encephalic effusion are the consequences of a previous morbid change in the brain upon which the loss of sense and motion depend. My opinion however would be that it was pressure upon the brain from various causes; as the appearance after post-mortem examinations generally show to this effect,

The morbid anatomy of the brain of a person who has died with Apoplexy shows most commonly within its substance effusions either of blood or serum or simply turgescence without any effusion whatever;

But there is another state of the brain which throws no light upon the pathology of the disease, viz a perfectly natural state— I say natural state of woman so far as we can detect;—

The Diagnosis is not in general attended attended with difficulty. Where a loss of consciousness of the sensorial function and voluntary motion suddenly come on and continue with an ~~active~~ slow state of the pulse and full respiration the case may be regarded as Apoplexy;

From Syncope and Asphyxia it may be distinguished by the absence or almost imperceptible action of the pulse and respiration of the two former affections; whilst in Apoplexy the pulse is slow regular and hard respiration loud and Stertorous making a puffing noise and throwing the saliva forcibly between the teeth—

Complete Intoxication is sometimes mistaken for Apoplexy;

but may be distinguished from that disease, by the following circumstances, First the known habits of patient, the smell of spirituous liquor from his breath; which is almost invariably present in those who are addicted to their use, more particularly if we can ascertain that he has partaken of such drinks previous to the attack, and lastly if intoxicating fluid be rejected from the stomach.

I think the most difficult point of Diagnosis is between apoplexy and the state which the narcotic poisons produce on the system;

our judgement would rest on the history of the patient to a great degree; whether he has been melancholy or low spirited, and whether great mental anxiety from loss of property or of a wife or husband &c and finally, if he has not taken some kind of poison;—

It is however, extremely necessary, that we should Diagnosticate correctly for the first first great remedy for poisoning which is emetics, emesis would be very likely to prove injurious if not produce fatal consequences, in Apoplexy, by producing still greater congestion in the cerebral vessels or dangerous engorgement in the substance of the brain—

Closely allied to the Diagnosis is the connection which this disease has to others which appear to be of the same class— Of this genus there might be several mentioned such as palsy epilepsy and some forms of Insanity—

great pressure on the brain would in one instance produce an Apoplectic in another an Epileptic fit, or palsy in a third it should produce another and different effect, I do not know: therefore will not try to explain; The fact is that these causes produce the above mentioned disease,

but what its *Modus Operandi* is I am unable to say

That Apoplexy is intimately connected with Palsy is plain from the fact of its being so often immediately followed by it, and sometimes preceded by hemiplegia;-

I do not infer that every case of Palsy is at all connected with an apoplectic attack, for we often have Paralysis produced entirely by some lesion of the Medulla oblongata the Spinal marrow, or even the division of some of the smaller branches of nerves; from this last cause, only local Paralysis would be produced;-

That Apoplexy and Epilepsy are nearly allied we would infer, 1st from the fact that both are produced frequently by external violence applied to the head in such a manner as to produce pressure on some part of the cranial walls upon the brain 2nd that both are often followed by Palsy in some form;

3dly That they are sometimes found in the same patient combined, or showing themselves at different periods;-

Insanity in some of its forms is brought on by the same cause which often give rise to Apoplexy, and the former is I believe brought on by the latter;-

The cause common to both are Injuries to the head and strong mental & emotions, perhaps severe bodily exercise excessive indulgence in venery and masturbation, together with intemperance in eating and drinking.

The Prognosis is generally quite unfavorable, often the first attack proveing fatal, perhaps more frequently the second or third

The unfavorable symptoms are deep and profound coma, with total loss of sensibility, great frequency of pulse, at the same time being intermitting,

involuntary discharges of the feces, urine, &c
profuse cold sweat; stertorous breathing;
especially if attended with foaming at the
mouth; contraction of the pupil of the eye.—

The favorable signs are; a slight
effect with but partial coma, and
insensibility; a gradual decline of all the
symptoms; the pupil contracting from
stimulus of light; the power of swallowing
somewhat restored; together with free and
regular respirations, without stertor or
discharge of saliva from the mouth; a
warm and gentle perspiration; the occurrence
of sanguineous discharges; particularly
from the nose and hemorrhoidal vessels;
a copious flow of urine, or a diarrhea In
these cases hope may be entertained
of a recovery.—

The Prognosis, under the
most favorable circumstances rather dubious
The Physician should be cautious in giving
a positive opinion for if the patient should

emerge from the present attack he is particularly liable to another;—

From the sixth to the eighth days are by some considered as critical days, and especially as those on which an unfavorable change is about to take place that is a renewal of the extravisation;—

We now come to the causes

1st The predisposing causes These may be divided into natural and artificial;— The natural causes are those which I have heretofore spoken of, Viz a peculiar conformation of body, Hereditary predisposition and old age. these causes are unavoidable in all persons as they cannot and change their dispositions which they have inherited from their parent or ancestor nor put on the breaks to stop the wheels of Time;—

The 2nd class of predisposing causes includes whatever tends to produce general plethora, especially a preternatural

determination of blood to the brain, or a weakness of its vessels, or irritation of the brain itself, such as the free use of stimulating drinks and a full nourishing diet with inactivity of body. Together with these causes above mentioned I would notice Immoderate venereal indulgence particularly in old people. Suppression of habitual discharges such as hemorrhoidal or the menses, have a tendency to produce Apoplexy— Any occupation which it is necessary to for the person to stoop and have his head in a depending position,—

Organic disease of the heart Tumours of the neck pressing on the large vessels which carry blood to the brain and those by which it is returned. Wearing tight cravats or ligatures about the neck any thing which has a tendency to obstruct the flow of blood from the brain thereby causing to great an accumulation of blood which acts as a foreign substance producing compression of the encephalo

The exciting causes are sometimes cold, violent coughing, holding the breath, with violent exertion in voiding the feces —

The Treatment of Apoplexy may be divided into Prefolactic, treatment during, during the fit and the after treatment.—

First the Prefolactic, Treatment, When a person is predisposed to apoplexy has had one or more of the symptoms above mentioned, he should be confined to a simple diet Exercise in the open air, and avoid all stimulating drinks, as well as all sudden and violent mental excitement; these are among the most important precautionary measures; in case of impending Apoplexy,

Vegitable diet may be used if the bowels are torpid, if this is not sufficient to relay them a mild Cayative may be given such as castor oil or small doses of rhenbarb, If there be hepatic disturbances, the blue pill may be given, three or four grs, with a few grs, of

pulvis antimonialis taken occasionally at night on going to bed;-

Persons predisposed to Apoplexy from corporeal conformation should be careful not to interfere with habitual discharges such as hemmorhoids and epistaxis unless they are excessive and alarming; In fine our object should be to avoid all exciting causes, which are very enumerous, therefore it is not necessary for me to enumerate them:-

The Treatment during the fit must be governed somewhat by the attending circumstances, The main object to be kept in view is the removal of the vascular turgescence within the head, Should the pulse be full and strong, the face flushed the carotids beating strongly, and the patient robust and plethoric, venesection to the amount of twenty or thirty ounces, may be resorted to and repeated in smaller quantities if necessary;

the opening in the vein should be large; and
and the patient in an upright position; the
blood allowed to flow till an impression be
made on the pulse, he should be placed in
a cool room well ventilated all ligatures removed
removed from the neck particularly, so
as not to obstruct the blood from the head,
cooling applications to the head such as vinegar
and ice at the same time sinapisms and warm
fomentations to the feet and legs, cupping may
be beneficially applied to the temples and back
of the neck at the same time;

But there are instances
in which we should abstain from bloodletting
especially at first viz when there is a severe
shock given to the brain and vital powers,
generally resembling strongly concussion
strong depletion might have proved very
injurious if not fatal, by depressing still
more the powers of life, or by producing
oppression or increasing it if it has taken
place already. In such cases gentle

stimulants and restoratives may perhaps be asserted to I think however with caution and discretion;—

Active cathartics or drastic purgatives are our most powerful remedies in this affection; The advantage derived from them are to produce a full secretion from the internal surface of the intestines, and consequently to diminish the afflux of blood to the head. The more rapidly they operate the more beneficial they will be;

The beneficial effects of purgatives are these; 1st From their diminishing the action of the heart and arteries; 2nd By promoting absorption; and 3rd By producing a derivation from the head to the abdominal organs;—

There is often great difficulty in giving medicine in Apoplexy, as the power of swallowing is lost— we may commonly succeed by giving pepper a tea spoonful of calomel with some oily substance and place it upon the root or base of the tounge if the

patient has not entirely lost the power of swallowing. This will generally succeed, or may add to this if necessary two or three grs. of Gumboge, or a drop of croton oil if the case is exceedingly obstinate If this should not act in the course of three or four hours, perhaps it would be well to repeat the dose, or might give at the same time cathartic enemata, castor oil with Turpentine forms an excellent purgative in this disease For an enema a solution of aloes in warm water, proportion thirty or forty grs to the pint.

After the bowels have been freely evacuated the abdominal secretions and excretions should be kept up; For this purpose calomel may be given in small and frequent doses, and unless the vascular excitement is great accompanying the attack it might be well to combine some antimonials with the calomel such as Tartar Emetic or perhaps that preparation called Kermes Mineral,—

emetics were formerly prescribed in this disease by many of the older Physicians and highly recommended by some unquestionably as a general rule Emetics ought to be regarded as hazardous remedies in the treatment of Apoplexy. For it is a well established fact that emetics have a strong tendency to promote a determination to the head, than which a more dangerous tendency can hardly be conceived;

However they are sometime beneficially given; for instance, when the attack is brought on by excessive eating under these circumstances, I think the Physician would be justified in given emetics Before however, the emetic is given blood should be drawn; this by some is considered an invariable rule.

Blistering is another remedy that is sometimes resorted to in Apoplexy. When the pulse is weak and small quick; this state of pulse seldom occurs, only in the aged and enfeebled persons;

They should be applied generally to the wrists and ankle, and not to the head and neck Perhaps it may be advisable sometime to apply them between the shoulders, this is not often required I believe;—

Cold applied to the especially to the shaven scalp may be considered as one of the prominent remedies in this disease; I think it may be applied universally, and at the very commencement, the feet may at the same time be placed in a warm bath,

As soon as we are called to a patient lying in a fit of Apoplexy, he should be placed in a well ventilated and large apartment with his head and shoulders elevated, and all ligatures especially from the neck should be immediately removed

The state of the bladder should early be attended to, that it may be evacuated if necessary, we should not trust to the attendants but examine for ourselves lest to great an accumulation of urine should take place which might prove injurious to the patient

disease or to the organ invaded;

After a person has recovered either entirely or in part from an Apoplectic attack, the question would suggest itself to what means can we prevent a recurrence of the disease—

The treatment will be similar to that which is employed when the primary attack is anticipated viz avoid all exciting causes either of body or mind, the diet simple and unirritating, avoid all vinous drinks and every thing which would cause to feed a determination of blood to the head, The exercises and ejections should receive due attention together with such means as will prevent general plethora and a determination of blood to the head

Written by G. H. Birch.

they should be applied generally

Lactation.

Although the name of independant life has been given to the existence of the new-born infant, yet in a physiological point of view, there remain ties which intermingle still its life with that of its mother. The new being must for sometimes again find the materials of its nutrition in the maternal organism, and when ends the intra uterine life, nature has already prepared another organ, the function of which is to elaborate a fluid adapted to the nourishment of the infant. This function is termed "lactation".

At the time of childbirth then every thing is marvellously disposed to render the mother able to nurse her child. Her milk is certainly the food the best suited to the infant, it is the only one nature has provided for it.

Thus; whenever the woman enjoys good health, that no serious disease has diminished her strenght, and there is no fear of deleterious hereditary influence, She must, by all means, answer to the call of nature. A mother does not,

with impunity, give up her rights of nursing; in so doing, she has no regard for the sentiments of her heart, nor the interests of her health or that of her child. She is often the first one punished for the crime which she commits against the new born infant, whom she repels from her bosom, to be given as a victim to all the dangers too commonly attendant upon a hireling nurse. Often have weak and delicate women, grown vigourous and healthy in nursing their child; and how many fine children have, through the tainted lactation of a wet nurse, acquired the seeds of dormant diseases, which manifest themselves in their after life. We are not to be so exacting regarding mothers, as we should in the case of a wet nurse, as to the strength of the constitution, the qualities of the milk and the development of the mammary glands; for, if the right of nursing their infant was to be granted only to those of superior strength and health, how few women of the world, should be deemed fit for the duties of maternity.

There are however physical malformations

which may render the performance of lactation impossible to the mother. Such is the total absence of the nipples, or again their imperfect perforation. In many other cases, the physician is often called upon to decide whether a pregnant woman will or not be able to nurse her future infant. This oftentimes is a very difficult question to solve. Bearing in mind however, the physical conformation, the state of the constitution, the different modifications to which the mammæ have already been subjected, and also the quantity and quality of the sero-lacteal fluid, he may, in a degree, be enabled to give a more or less certain prognosis. For this however no rules can be established, as nature when called upon at the time of need, will often correct to an astonishing degree these very functions which had remained so long impaired by her seeming oblivion. Neither must the physician remain passive, and wait always after the birth of the child, to try to obviate to those imperfections, which make then lactation an impossible thing; while, if they had been taken in time, might have been easily corrected.

Shortness of the nipple is an example. It may be only relative; that is, the nipple may be comparatively not of a sufficient lenght to be seized readily by the new born child, while an older one could draw the breast without difficulty.

Of all the means used to draw out the nipples, such as repeated titillation of their apices; the application of breast-plates, made of wood or ivory, in which there is an excavation for the insertion of the nipple, which is gradually prest into it by continued wearing, and thus made to elongate; or again the use of the breast-pump; of all these, direct and often repeated Suction is to be preferred. This may be performed by an intelligent nurse or other person; and even, if there was no one obliging enough to do it, by a new born puppy of large kind, taking care to have its paws garded from scratching.

This direct Suction is the best, being the most natural; for the groove formed by the tongue against the palate will steady the nipple in all its length much better than the breast-pump, and being moistened by the Saliva, it will be rendered more supple and

elongate more easily.

As to the extreme tenderness of the nipples, noticed in some women, especially in primipara, it also requires some preliminary means to prevent it by hardening them. Tender nipples are generally prevented by the continued use of astringent lotions, or of spirit diluted in water during several months at the end of pregnancy.

By the above means, nursing may be rendered possible and even easy, where without them it would have been perhaps impossible, or at any rate exceedingly painfull and tedious to the mother in the beginning.

Let us suppose now that every thing is as it should be, and that the mother is going to nurse her child. Lactation may be here divided into three periods; viz: The first one, which ends at the expiration of the milk fever; the second, after the sixth month; and the third, with weaning.

"The first period" is of very short duration; being, as it were, a transitory stage, between

intra uterine nutrition, during which the infant found in the organism of the mother the nutritive elements already elaborated, and lactation proper during which the child does, it is true, receive still from its mother a special food, but which is — elaborated by its own and independent digestive system, before assimilation.

The phenomena of this period are indeed preparatory on both sides: on the one hand, the milk of the mother looses little by little the caracteristics of the colostrum, to be changed in a more nutritive liquid; on the other, the child getting accustomed to the new function, becomes more and more skillfull in it, and finds in the liquid furnished to him by its mother the purgative elements which relieve its intestinal canal, and thus prepare it for the digestion of a more substantial food.

At the time of childbirth or about, the — colostrum secreted by the mammæ is abundant enough for the wants of the child. It could then, if necessary, be immediatly put to the breast;

but the mother, whose strenght is exhausted by the pains and efforts of labour, is often in so much want of repose and sleep, that it would be unnecessary and even cruel to force her to nurse her child directly after birth. Still, the sooner the child is put to the breast, without too much strain on the strenght of the mother, the better; for not only it receives in time a fluid of which the nutritive qualities are perfectly adapted to its intestinal canal, and of which the laxative properties dispense from having recourse to purges, which are generally necessary for the expulsion of the meconium in infants which are fed artificially; but again, the suction made by the child facilitates the secretion of milk, prevents the immoderate swelling of the breasts, the pains which are a consequence of it, and teaches the child to seize by degrees the nipple, which would be much more difficult should the breast be distended when he first tries.

During the first few days, it will be necessary to place the nipple in the mouth of the

child, for it acts only instinctively and blindly on any thing that touches its lips. Care must be taken that the breast does not close the orifice of the nostrils of the child, for not being able to breathe, he will let go the nipple, asphyxy of the child has even taken place in such cases.

Some children seem not to be willing to nurse, through congenital weakness or a sort of laziness. The mother of such a one must be directed after putting the nipple deep into its mouth, to give such motions to the breast as to tickle its tongue and thus excite that organ to act. She may also press slightly the nipple, that a few drops of milk may flow, or again squeze from a sponge on the base of it a little sweetened water which penetrating in its mouth will induce the child to swallow.

Owing to the weakness of the new born infant, its first efforts at lactation are attended with much discouragement and fatigue. During the first days, it gives only a few sucking motions at a time, then rests to begin again. Sometimes

after a few efforts, it will fall asleep and will have to be awakened to resume its meal. Some children may thus remain half an hour, and more, at the breast. This may become very fatiguing and tedious to the mother. The generality of French women sit in bed when wishing to give suck, which is without doubt exceedingly tiresome when obliged to remain long in that situation. The American mother avoids this useless fatigue by laying on her side, with the infant against her chest, allowing the nipple to fall naturally in its way.

During the first days, it should be proper to observe whether the child nurses really and swallows the milk. This may be determined by placing the finger over the larynx and the motions which that organ performs during deglutition will be felt if it swallows, and also there may be heard a sort of gurgling sound caused by the liquid passing from the mouth into the œsophagus.

When the child nurses from the first day, the febrile symtoms of the milk fever are seldom

very violent, and by the repeated suckings of the child the breasts do not generally become distended and painfull. At that time however, the quantity of milk in some women is so great, that the glands appear extremely distended and lactation becomes, for the time, more difficult to the infant, and more painfull to the mother. Indeed in some, the swelling extends to the axillæ, the nipples being sunk and lost in the tumefied parts, far out of the reach of the lips of the child. For such cases, direct suction, or the use of the breast pump is called for to relieve the patient of a part of her milk and at the same time develop the nipples. By diminishing the quantity of the fluid, immediate relief generally follows, the tumefaction disappears, the nipples regain their natural length, and the child nurses with more benefit to himself and less suffering to the mother.

For sometimes, the child taking very little food at a time, it is necessary to put it often to the breast. It is already proper however that there should be some regularity in the time of-

of its meals. A child is always more or less injured by an irregular alimentation, by which there will be sometimes too much interval between its meals, while at others its stomach will be overloaded by a new quantity of milk before it had time to digest the one just taken. As to the quantity of milk the child should be allowed to take at each time, it ought to be the best judge itself, except in very peculiar circumstances; what would be plenty for some children may be too little for others. The stomach of children besides having the property of emptying itself of any excess, there is not much harm done in allowing them to take a little more than is absolutely necessary.

"The second Period" begins after the milk fever, when the breasts have acquired their perfect and active function, in reality it is then that true lactation begins.

Although we do not generally find during this period the same difficulties as in the first one, there are still some remarks worthy of notice to be made here.

The first care to be taken before nursing the child, is to know whether it is really in want of food or not, for never must the breast be given to it for the sole purpose of stopping its cries, as too often do most young mothers. Crying is not always a sign that a child is hungry or in pains. There are some, who cry without any apparent cause, and in spite of their continual agitation and sleepless nights they do not look the worse for it. In order to know by the crying of a child whether it wants nursing, there must be present some other external signs and also attention paid to the time when it nursed last. When the child cries from hunger, it tosses up its arms, turns its head on one side and the other, opens its mouth as if seeking the breast, and sucks greedily on the end of the finger or any other supple and rounded body that should come in contact with its lips.

When the time has come, the mother holding the child in her arms, resting its head on one of them, places the nipple in its mouth, pressing slightly

on the areola with her fingers in order to squeeze out a little milk, and let it know in that way that it may nurse profitably. These precautions are required only for the first few weeks, as the child soon learns how to act for itself and sometimes seizes the nipple with so much vivacity as to make it very painfull to the mother. In some cases indeed, far from exciting it, it becomes necessary to check its ardor by withdrawing the breast from it now and then as must be the case when it has not nursed for a long period and that it is swallowing too fast and too greedily.

As much as possible the mother must alternate her breasts in giving suck; in that way they are equally emptyed, and there is a longer time of repose given to each nipple. It often happens that a child seems to have a marked preference for one breast and is reluctant to nurse on the other side. The disdained breast must always in such cases, be persistently offered to it, whenever the time has come for it to be

nursed from. This is still more easily accomplished, if at each meal the mother should nurse her infant from the two breasts, beginning always, while it is most hungry, by the one it likes the last. Hunger will induce it to suck, and after a little hesitation, it will nurse well from the side, which it should have refused if it had been offered to it last.

In "the third Period" it is intended to withdraw the child little by little from its maternal food; to teach it to feed on all sorts of aliments, and in a word to give it an independent existence. The question then is to know: when it is proper to begin adding other food to the milk of the mother, and when lactation should cease entirely.

In France, the country nurses are in the habit of feeding children, when only eight days old, on pap made of fine wheat flour and cow's milk; they do so in the belief that this aliment prevents those colics to which new born infants are so subject. It is certain

however that the paps and soups given to infants, in some countries, almost immediatly after birth, besides the milk of the mother or nurse, are, to say the least, useless if not often dangerous. The child who partakes only of its mother's milk, provided it is rich and plentifull and given at regular intervals, does not suffer often from colics and wind in the stomach, as it is called.

As much as possible, if the mother is a good nurse and bears well the fatigues of lactation, her breast must be enough for her child during the first six months. After this time, some light food may be gradually added to the milk of the mother; the feculent substances are to be preferred, such as wheat flour, arrow-root &c. Baked wheat flour — cooked with milk is one of the best preparations, as it contains much gluten and is very nourishing. As to the quantity given each time, it should be little at first, and gradually increased, as the child grows older and diminishing at the

same time its usual allowance of maternal milk. This gradual diminution accustoms the child little by little to be away from the breast, develops its taste for extraneous food, while on the other side it diminishes the secretion of milk and renders weaning much easier for the child and less painfull to the mother.

The natural time for weaning a child seems to be when the first dentition is completed; it is only then that the child possesses all the organs necessary to the mastication and insalivation of its aliments. But this first dentition often is not completed before two years or two years and a half, and it is very seldom that a child has not been entirely deprived of the milk of its mother before that time. In fact, it is probable, that the mother could not bear well such a prolonged lactation, and that her milk should loose its good qualities; besides, there comes an age when children themselves seem to want a more substantial food.

When the child has been accustomed by

by degrees to partake of some other light food, there is no difficulty in weaning it, and this may be generally accomplished without illconsequences as soon as dentition is pretty well advanced. As a general fact, it is not before the child has eight or ten teeth that it should be weaned, consequently not before the twelfth or sixteenth month. It must be borne in mind here, how important the milk of the mother is during the pains of difficult dentition; the child often refusing then to take any other food, while it is almost always willing to nurse, it should become very difficult to feed it if it had been weaned already.

It is useful to know that the teeth are growing by groups. During one of these dental eruptions the child is generally sick: there is fever, cough, diarrhœa; but this over, it gets well with an almost astonishing rapidity, and this succession of sickness and health takes place more or less in every child. It is then evident, that a favorable time for weaning it, should be

chosen directly after one of these dental eruptions, as then there will be a few months of repose during which the child will be in good health and will better bear a change in its diet.

When it is decided to wean the child, it is better to do it all at once, and not allow the child to nurse now and then, because it should cry much. Some of the European writers advise to wean during Spring or Summer; but according to American authors, winter seems to be preferable in this country: Summer being objected to, on account of the remarkable prevalence of cholera infantum, in the United States, at that season of the year.

It would be well perhaps that, while weaning, the child should be committed to the care of another person; if this is not practicable, it will be advisable to disgust it with the breast, by placing on the nipple some substance of disagreable taste or smell, such as Aloes, Mustard or Peruvian bark. These generally succeed, and most children after having tasted or even smelled them once, repel with disgust the breast of their mother, whenever

it is offered to them afterwards.

Pt. Colardeau

Typhoid Fever.

There is great diversity of opinion as to the name of this disease, upon which it is useless for me to dwell,

The names that have been proposed are numerous, but all of them more or less objectionable, and for the present purpose we shall use the term Typhoid.

Symptoms Course, &c. The disease may commence abruptly with a chill followed by the usual symptoms of fever, but more commonly with no decided vigor, but insidiously with a gradual increase, so that its precise time of invasion cannot be fixed;

The patient feels a little uncomfortable, and complains of weariness general uneasiness numbness or soreness of the limbs, with a slight headach the heat of the skin increased, the face flushed, and the pulse a little accelerated, the tongue slightly coated with a thin

whitish fur, the appetite impaired but not entirely extinguished; and with these symptoms gradually increasing in intensity, but with a tendency to day remissions for several days, before the patient feels himself sufficiently ill to take to his bed; not unfrequently during this period, slight chilliness alternates with febril symptoms, but when the disease is fully formed, the chilliness if poeset subsides, and returns no more except at the commencement some incidental inflammation.

There is very frequently during this inchoative stage, if not allways a looseness of the bowels, amounting often to diarrhea, and when this is not the case the patient is very susceptible to cathartic medicine, or at least a full cathartic produces more than the ordinary effect.

The disease being now fairly under way, exhibits the ordinary symptoms

of fever, such as frequency of pulse hot and dry skin, pains in the head and back, with flushed face, thirst loss of appetite and greatly diminished muscular strength.

The flush of the face is usually more of a purplish tint than in other fevers, with a dull expression of the countenance and when this is not the case, there is frequently a dusky hue of the complexion. This may be slight in some cases and great in others, so that it could not fail to attract the attention of the physician.

Headache in some degree is seldom absent, and usually the most prominent symptoms of complaint from the commencement, until delerium or stupor takes its place with much restlessness, or want of sleep.

As the disease advances the above symptoms continue with a gradual increase

for several days, with an occasional shrinkage from the motives, which is a diagnostic symptom.

The pulse increasing in frequency and diminishing in strength, the skin acquires an acrid or pungent heat, the countenance becomes adune with an increased duskiness of the complexion, the fur of the tongue thickened, with a tendency to dryness or clamminess and often reds at the tip and borders,

The stomach usually retentive, is sometimes irritable, nausea if not present before usually makes its appearance with transient pains in the abdomen, increased by pressure, especially in the right iliac region, a slight degree of tympanitic distention is observed on percussion with a gurgling sound on pressure,

It ought not unfrequently makes its appearance at this stage of the disease,

with the physical signs of bronchitis present, usualy at this period the urine is scanty or high colord and offensive. Such is usualy the course of the disease until about the ninth day.

Other symptoms are now super added of a more grave character. The tongue changes from its moist or clammy state to that of a dry one, the whitish coat changing to a brownish hue, deg lutition not unfrequently difficult.

The abdomen becoming more distended and often presenting a convex outline from the ensiform cartalige to the pubes, with a timpanitic sound on pre-cussion

If a carefule examination be made small red spots, resembling flea bits will be found, these spots commence upon the abdomen and extending to the chest frequently, it is known as the rose colord eruption.

which is one of the most characteristic signs of this disease. they disapear under pressure, but return as soon as it is removed. they are never present at the commencement of the disease, and seldom before the second week, and may appear as late as the third, they may be diagnosed by their first appearing on the abdomen in successive crops, each lasting three or four days, and then gradually fading away, this eruption may not appear in every case but usually does,

Then is often an eruption of small vesicles called sudamina, upon the neck and upper part of the chest and shoulders they are usually confined to the above named parts, but may extend over the whole surface, they are less characteristic of this disease than the rose colored eruption. for they occasionally appear in other fevers, as the Miliary fever.

If the disease continue a complete typhous condition is developed, In bad cases at this stage of the disease you will find the tongue either dry gashed and sore or deeply incrusted with a black or brownishe coating. While dark sordes are collected on the teeth gums and lips. The pulse becomes excessively frequent and feeble, denoting severe prostration,

The surface is either universally hot and dry, or hot in some places and cool in others, and exhaling a peculiar unpleasent odor, the patient manifests great prostration lying upon his back slips down in bed which is a bad signsptom,

He picks at the bedcloths or at imaginary objects in the air, matters half formed delirious sentences, and attempts to leave his bed and if tell to protrude his tongue it is done with difficulty,

Vitality of the skin is so feeble that blisters & surfaces often slough, and gangrenous eschars are often produced on the most prominent parts.

We often have hemorrhage from the bowels and nostrils, with involuntary discharges of feces, urine and retention of urine.

If the case is to terminate fatally the pulse gives way and becomes exceedingly frequent and fluttering, and a cold clammy sweat pervades the whole surface, The abdomen greatly distended, the countenance assumes the hippocratic aspect, and death ends the scene,

But when a favorable termination is to take place, the skin becomes cooler, the pulse less frequent and fuller, the tongue moist and gradually throws off its morbid coat, beginning at the tip and edges,

The convalescence assumes a more natural appearance, the abdomen becomes less distended, the appetite gradually returns, the delirium or stupor subsides and the patient pays more attention to things around him

Though in some cases it is different, the tongue instead of beginning at the tip and edges, it commences in the middle and peels off in flakes, leaving the surface smooth and red, when this is the case you may expect a protracted convalescence, for it implys some mischief in the system which time alone can repair

When however the tongue during convalescence becomes permanently dry, it may be considered an unfavorable symptom and probably it is a sign of the inroads of the intestinal ulcers

In this disease the period of convalescence is very variable, sometimes being protracted for months, during which time the patient is generally troubled with constipation, a variable appetite the tongue more or less furred &c. Sometimes abscesses make their appearance, most frequently perhaps near the parotid glands than in any other place and boils in various parts of the body.

The patient often perhaps we may say generally in severe cases loses his hair, only for a short time however as it is soon replaced with a new and luxuriant growth

This disease though slow in its progress is generally overtaken by recoveries, although they are very useful in guiding it to a right termination, and in many cases so mitigating the symptoms, as to bring about a favourable issue,

when in all probability if left to nature would prove fatal.

Such being the case, although we may not be able to suddenly stop its course, yet we may so impede its progress and guide it aright, by a careful watching of the symptoms, and administering our remedy, with aiming at a permanent termination, and thereby save the life of our patient.

The duration of this disease is exceedingly variable as to time, although it is usually quite protracted, seldom terminating before during the first week more usually when it does occur it is during the second or third week, and sometimes as late as the sixth, or even later.

The period of convalescence is usually variable, seldom beginning before the third week, though it may begin earlier in mild cases,

and may not until the fifth or sixth week, the average duration is from twenty to sixty days, but its precise limits can not be given for it has non,

As to the cause I shall say nothing for but little if any thing is known,

Diagnosis The most characteristic symptom is its slow and insidious mode of attack, the diarrhea from the commencement, or soon after, the dull or heavy expression of the countenance, the dusky hue of the face, the tendency to epistaxis, the tympanitic abdomen, the coating of the tongue changing from a moist to dry, the collection of sordes on the gums and teeth, and general diminished secretions, the rose colored eruptions upon the abdomen in successive crops, and disappearing on pressure but return on its removal, the sodamina, the stupor or delirium,

the duration of this disease generally exceeding that of others.

The diseases that it is liable to be compounded with are bilious and typhus fevers, it may be detected from the former by it not having the yellow hue of the skin nor a tendency to daily remissions, which is so common to bilious fever, and from the latter by its more gradual approach, and loosness of the bowels, or their susceptibility to cathartics medicines, which is not present in typhus fevers.

Prognosis – Of the prognosis of this disease, from the different statements we would be led to different conclusions it is probably more fatal in hospitals than in privat practice, in some reports as many as one third of the case ver fatal and in others not more than one out of twenty five, this could not been owing to the different treatment.

but in the severity of the disease in different epidemics, some epidemics being very mild, while others are equally fatal, therefor no case of this disease however mild it may seem to be, can be looked upon as free from danger, for the mildest causes some times prove fatal from the perforation of the intestines. Consequently the prognosis should be cautious.

Treatment — It is customary in most fevers to begin with an active cathartic, but in this it must not be done, for there is often diarrhea, if not the bowels are very susceptible to the influence of cathartic medicines, and as the disease is one that tends to prostration, we should be very careful how we wast the strength of our patient by cathartic medicines.

Yet the bowels should be fully evacuated in order to remove any rotating matter that may be in them.

the should use those cathartics that are the least irritating, such as the sulphate of magnesia or castor oil, and if there is much irritation of the stomach and bowels we should use the latter, if there should be pains and at the same time diarrhea a few drops of laudanum may be added to the cathartic, afterwards the bowels should be attended to, if the evacuations are spontaneous as is often the case no cathartic will be necessary.

But if on the contrary the should be scanty means should be used to procur one full evacuation every day or every other day, in each cases the Seidlitz powder, or thus that have before been recommended, should the breath be sour (Epsom salts or) magnesia may be prefered, in the latter stages should cathartics be necessary rhubarbe and the oil of turpentine will be the best,

Means must now be used to check the febrile symptoms, blood letting is seldom admissable except locally, unless there is great determination to the brain or some other no less important organ, and I doubt the propriety some what in using it at all, for the disease is decidedly one of great debility, generally assuming a certain course, and that a very protracted one, so that the strength of your patient must be carefully preserved, in case of local congestion, cups or leeches may be employed with benefit.

Refrigerent diaphoretics such as the neutral mixture or effervesing draft may be given through out the disease when the skin is hot and dry, and the pulse not to feeble. When nervous symptoms appear sweet spirits of nitre may be given, and Dovers powder or some of the others forms of opium if not

contra indicated, as a determination of blood to the brain,

Cold ablutions are very useful when there is a hot dry skin, if the patient is much debilitated a little spirits may be added and the patient should be a bowed cold drinks.

Headach if severe may be mitigated by cold water or ice in bladders applied to the scalp, and leeche or cups to the temples,

For pains or tenderness in the abdomen with more or less distention local bleeding, warm fomentations or emolient cataplasms, and rubefacients or blisters may be used.

Sometimes great benefit may be had from large potatoes sprinkled with mustard and covering the whole abdomen, and applied for several days,

The diarrhea usually require no treatment

but should it be obstinate an exhaus-
-sting to the patient, it should be
checked, by small doses of opium
combined with the acetat of lead,
or some of the vegetable astrin-
-gents, such as kino cateau, or the
extract of rhatany, or the tonic acid,
and in mild case this treatment
will be sufficient,

But often about the seventh or
ninth day the condition of things are
different, there is general deficiency
of all the secretions, the tongue and
skin dry the urine scanty, the pulse
looses its fulness and becomes more
frequent, the abdomen tympanitic with
delirium or stupor, and the vitality of
the patient decreasing,

In such a condition nursery might
be used with great benefit, in small
and repeated doses, either alone or in
combination with opium and ipecacuanha

when the skin is dry as the patient rest
less, until there is an impression made
on the system, but care should be used
so as not to produce severe salivation,

But should the symptoms not yield,
the tongue continue dry an the abdomen
distended, the use of turpentine will
be the best remedy that can be used,
and it will in some degree compensate
in cases of ulcerations of the intestines
or when the tongue throws off its coat
in flakes beginning at the middle or
base, leaving the surface red and
earth and shining, as if denuded of its
papillæ in such case the oil of turpen
tine is our best remedy, in doses
from five to twenty drops every two
hours, until some amelioration of the
symptoms is observed,

The debility in the later stages
of the disease is such as to require
stimulants and tonics,

When the pulse is slow and feeble the skin cool and sordes collected on the gums and teeth, stimulants should be used, but it often happens that the pulse is frequent, while at the same time weak and the skin hot or partialy so at least, in such cases they should be used but with care, and should they increase the frequency of the pulse the heat of the skin and augment delirium or stupor, they should be omitted, but on the other hand should they mitigat all thes symptoms, above aluded to they should be continued, the best stimulents, pobably are wine whey and carbonate of amonia, and in severe prostration, the more defusibal stimulants such as pure wine alcohol or brandy,

Opium is of great benefit, both for its stimulant and anodyne effect, and should be used unless when there is nervous irritation unless contraindicated,

Tonics may be combined with the more defensible stimulants, or used a lone when the debility is not great, such as the serpentaria or some of the bark, or the sulphate of Quinid.

An in cases of great debility with a cold dry skin, external applications may be used in connexion with the internal stimulant, such as brandy oil of turpentine cayenne pepper tested in brandy, and the spirits of amonia,

Local complications that are incidental to the latter stages, require attention, such as delirium or coma, that may be obviated by applying large blisters to the scalp

In case of subsultus tendinum — want restlessness or quetulation, the antispasmodics may be used, the mush assafoetida, camphor, and valerian,

Hemorrhage from the bowels should be attended to.

and arested by the acetat of lead in combination with opium or some of the vegatable astringents though the lead is preferable, boath for it astringent and sedative effect,

W. A. McForest
Newburg
Ind

Alimentary Substances,

by

H. Webster Jones

Of Alimentary Substances.

It may be considered as a general rule, that organized beings adopt, as aliments, substances lower than themselves in the scale of organization; or which, if not originally lower, in some measure become so by certain spontaneous changes they undergo. There are, of course many exceptions to this rule; but viewing the whole of animated beings it seems to be a law of nature. Thus plants, and perhaps the very lowest kinds of animals, have the power of assimilating carbonic acid gas: the powers of assimilation of plants and of such animals may also extend to other inorganic compounds of carbon — indeed they seem to derive their chief nourishment from matters of that nature.

Higher in the zoological scale we find that animals almost invariably prey on those inferior to themselves either in magnitude, organization or in intelligence, till we arrive at man himself. He, as his necessities or his pleasure may dictate - appropriates every nourishing substance - even carbonic acid gas; which his stomach, perhaps in common with that of other animals seems able to assimilate. Of course a lion ~~as~~ or even ~~well as~~ a crab, can feed on the body of man, as well as on that of an ox or of an insect. But no one we presume, will assert that man is the natural prey or food of these animals; & this alone is the immunity for which we contend; since in all nature's operations we are to bear in mind not the exception, but the rule; otherwise we shall be constantly liable to error.

By this beautiful arrangement

in the mode of their nutrition, the more perfect animals seem to be relieved of the toil of the primary assimilation of the materials composing their frame; as in their food, the elements are already in the order which is best adapted for their purpose. Hence the assimilating organs do not require that complication, which they would otherwise have needed, and much complicated machinery is thus saved. Striking illustrations of this abridgement of organization are afforded by the differences above mentioned, between the assimilating apparatus of carnivorous & of granivorous animals. According to the scale which this disparity exhibits, we can form some idea of the complication which would be requisite, if such an animal as man were, like a plant, destined to feed on carbonic acid gas, or carburetted hydrogen, or any

other simple compound of carbon.

Another great purpose is effected by this order of things, without which, organization, at least, as at present constituted could hardly exist. If organized beings did not prey on each other, their remains would, in time, accumulate in such quantity, as to be nearly incompatible with life, certainly with animal life in the most perfect condition.

But since animals are food for each other, not only is opportunity afforded, for the existence of a greater number of animals, & of a greater variety of them; but the obtrusion of the bodies of those in whom life has become extinct, is entirely prevented. Many other important results are obtained, but it would interfere with our design to enter upon their consideration; there is however, one consequence of this system of universal voracity, which more immediately concerns us, since it suggests a natural classifi-

cation

of alimentary substances; we allude to the similarity of composition which exists among the principles or elements constituting the fabric of organized beings.

It can be demonstrated that organized matters, however apparently dissimilar, yet chemically speaking, are often nearly related, & as an example of this relation we may take the composition of the extensive class of substances, denominated the "Saccharine" group, all which, notwithstanding the endless diversity of their appearance are essentially alike - in that they consist of carbon associated with water.

Saccharine substances are chiefly found in the vegetable kingdom, of which they form the characteristic "staminal principle."

Another well known class of bodies, existing both in vegetables & in animals are those, whose character is oily. "Oleaginous" bodies occur in an infinite variety of forms, some being solid, others fluid; yet in all,

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their peculiar properties are so strongly marked, that we seldom hesitate about their nature. On this distinctness of outward appearance, oily bodies are strongly contrasted with the saccharine group, before mentioned; many of which have few apparent & sensible qualities in common. The composition of all bodies of this oleaginous group, which we have ~~hitherto~~ spoken of, has been found by examination to be essentially the same; they are either composed of olefiant gas & water, or have a reference to that composition. Such is also the composition of the well known "proximate principle" termed "spirit of wine" or alcohol; into which, most substances of the saccharine group, under certain circumstances are readily convertible by the process of fermentation.

When almost any part of the animal body, (with the exception perhaps of those con-

stituents which are purely of an Albuminous character) is boiled in water, it is separated into two portions - one soluble in water, & forming with it the substance called Gelatine - the other remaining insoluble, indeed becoming harder. the longer it is boiled; and which from the identity of its properties to those of the white of an egg is termed albumen.

These animal principles exist in very different proportions in the different textures; some of these textures, as the skin, being entirely convertible into gelatine; while others yield comparatively little gelatine & consist principally of albumen.

Gelatine does not exist as a fluid in any animal compound; whence it has been supposed to be produced by boiling - but perhaps without sufficient grounds. One of the most remarkable properties of Gelatine, is its ready convertibility into a sort of sugar

by a process similar to that by which starch may be ~~obtained~~ so converted. Gelatine may be considered as the least perfect kind of albuminous matter existing in animal bodies; intermediate between the saccharine principle of plants, and thoroughly developed albumen; indeed, as it exists in animals, it might be considered the counterpart of the saccharine element in plants. Albumen exists as a fluid in the blood, and small quantities of fluid-albumen are also contained in certain animal secretions; but there is much more of it as a solid — forming what is called coagulated — albumen.

The blood also contains Fibrin — another modification of the albuminous principle in a fluid ~~state~~ or at least in a suspended state; though the most frequent condition of Fibrin, is that of a tough — fibrous mass, in which condition, together with albumen, it forms the basis of the

muscular or fleshy parts of animals.

The curd of milk is also a modification of the albuminous principle. Another is the substance called gluten, which, tho' most abundant in vegetables, so far resembles the fleshy parts of animals, as to be in like manner separable into two portions analogous to gelatine & albumen. Neither of these modifications of albumen have yet been found convertible into sugar. But all of them - including gelatine - differ from the oleaginous & saccharine ~~principles~~ principles in that they contain a fourth elementary principle, namely, azote or nitrogen.

Such are the three great "staminal principles", as they are called, from which all organized bodies are essentially constituted. These, without changing essential composition are capable of assuming an infinite variety of modified forms; many of which are so peculiar, that it is difficult to recognize

them by their sensible properties.

Moreover, these are, in their forms, capable of readily passing into one another, and of combining with each other; at least the organic agents, have the power of effecting these changes. Further, these principles are all susceptible of change into new principles, according to certain laws; thus the saccharine principle is readily convertible into the acid called oxalic; or under other circumstances, into that modification of the oleaginous principle, called, alcohol. Though an endless variety, however, of these modifications exist in different organized beings, accompanied by numerous foreign bodies, the proportion which they bear to the staminal principles themselves, is very limited; and they are either confined to glandular secretions, or are excrementitious; that is to say, they form no part of the living body, tho' they are attached to it; as in the case of the various products of secretion — the shells

of the Mollusca and tribes, and many others.

The consequence then, to which we have before alluded is; that as all the more perfect organized beings - feed on other organized beings, their food must necessarily consist of one or more of the above three principles.

Hence it not only follows, that in the more perfect animals, all the antecedent labor of preparing these compounds "de novo" is avoided; but that a diet to be complete must contain more or less of all the three principles. Such, at least, must be the diet of the higher classes of animals, & especially of man. It can not be doubted, that many animals have the power of forming chyle, and if expressly organized for this purpose, may even live for a time, on one of these classes of aliments; but that they can be so nourished for an unlimited period, is exceedingly improbable. Nay, judging from observation - and the results of fresh physiological research,

we are led to quite an opposite conclusion; namely that the more perfect animals could not exist, and that a mixture of two, at least, of the Stannial principles is necessary, to form an aliment well adapted to their use.

This view of the nature of aliments is well illustrated & maintained in the instance of the composition of Milk, which seems to be designed and prepared by nature expressly as food; and it is the only material, throughout all organization, which is so prepared.

We should expect therefore to find it a model - a kind of prototype, so to speak, of nutritious materials in general. Now all milk has been found to contain a Saccharine principle - an oily principle, and a caseous or strictly speaking, an albuminous principle, though these may be combined in different proportions in the different kinds of Milk.

No one can for a moment deny the object for which this valuable fluid

was prepared. No one will maintain that the apparatus for its secretion - arose from the wishes or wants of the animal possessing it, or from any fancied plastic energy. On the contrary the rudiments of such an apparatus must have existed in the body - long before the animal could have felt either wants or desires. In short, it is manifest that the apparatus & its uses, were designed & made what they are by the great Creator of the universe; and on no other supposition can their existence be explained.

The composition of the substances, by which animals are usually nourished, favors the mixture of these primary principles of aliment. Thus, most of the gramineous & herbaceous matters contain the saccharine & the glutinous principles; while every part of an animal contains at least albumen & oil. Perhaps, therefore it is impossible to name a substance constituting the food of the more perfect animals, which is not essentially a compound of at

least two, if not of all the primary principles of aliment. But it is in the artificial food of man, that we see this great principle of mixture most strongly exemplified. We dissatisfied with the spontaneous productions of nature - culls from every source; and by reason & by instinct, forms in every possible manner & under every disguise the same great alimentary compound. This, after all his cooking & his art, is the sole object of his labor - and the nearer his results approach this object, the more nearly do they approach perfection. Even in the ~~ultimate~~ refinements of his ~~delicacy~~ luxury, & in his choicest delicacies, the same great principle is attended to; and his sugar & flour, his eggs & butter, in all their forms & combinations are nothing more or less, than disguised imitations ~~of~~ of the great alimentary prototype Milk - as furnished him by nature.

C. C. Jones

Jan. 1858

The subject which I have selected from the long list of diseases is hernia of the indirect inguinal variety.

This is one of the most important subjects within the province of Surgery, as the life of the patient often depends upon the scientific, and practical knowledge of his surgical attendant.

It is not my intention to enter into a minute, and detailed description, but merely to notice its most important characteristics, and modes of treatment.

The term hernia usually signifies the protrusion of any viscus from its natural cavity, and when used alone refers solely to the abdominal; but we find an exception to this as we too often do in treatises on medicine, confounding the student and throwing obstacles in the way of his scientific investigations.

We may have a portion of intestine entangled, and constricted in that

lamina of peritoneum which is reflected over the intestinal canal exhibiting nearly all the rational symptoms of that viscus when protruded through its parietes, and yet remaining wholly within its natural cavity.

This form of hernia is situated at the lower portion of the abdomen, and it is there that the parietes vary in several respects.

Upon examination we find the lower border terminating in a ligament (called Poupart's), which is formed by the rounded border of the tendon of the external oblique muscle, extending from the anterior superior spinous process of the ilium to the pubis. Immediately before it reaches the pubis it bifurcates one leg making its insertion at the spine, and the other at the angle. Thus a triangular space results which is strengthened by

tendinous fibres thrown across it & forming the external abdominal ring.
There is also an internal abdominal ring which is formed by the transversalis fascia. It is situated about half way between the anterior superior process of the ilium and symphysis pubis, and half an inch above Poupart's ligament.
Connecting these rings is the inguinal canal, which is about one and one half of an inch in length, and less than one quarter in width, the direction of which is obliquely downwards towards the medium line of the body.
The floor is formed by the transversalis fascia, and the covering by the tendon of the external oblique muscle.
Its internal orifice is closed by the infundibuliform fascia, and the external by the intercolumnar fascia.
In the male it gives passage to the testicle in its descent into the scrotum, and

afterwards contains the vas deferens, spermatic vessels, and nerves; in the female it contains only the round ligament.
It is through these openings that they seem to us deficiencies in the abdominal parietes that this form of hernia escapes.
The organs most liable to hernial protrusion are the small intestines, omentum, and arch of the colon, but all of them have been found protruded partially or entirely especially in cases of congenital deficiency.
In the majority of cases the hernial sac will be found to contain a portion of the small intestine, with, or without the omentum.
This viscus has a greater freedom of motion than any of the other viscera, and by virtue of this free motion, and its specific gravity, together with the pressure exerted on it by the other organs it has a constant tendency to protrusion.

Thus we find it commencing at the internal abdominal ring, pushing the peritoneum and infundibuliform fascia before it, entering the inguinal canal in connection with the Spermatic cord in the male, and round ligament in the female, traveling its whole extent and emerging at the external abdominal ring where it developes itself by pressing on the surrounding tissues, or passes down into the scrotum or external labia forming the scrotal hernia in the male and pudendal in the female.

There are but two important blood vessels in this region the epigastric, and circumflexa ilii arteris; both given off from the external iliac just before it passes under Poupart's ligament. The former which is the most important is given off from

the internal side of the external iliac, passes forwards between the peritoneum and transversalis fascia to enter the sheath of the rectus which it perforates at about its lower third, ascending it supplies that muscle and inosculates with the internal mammary artery.
In its ascent it passes immediately between the abdominal rings and is crossed at its origin by the vas deferens in the male, and round ligament in the female, The latter arises also from the external iliac nearly opposite to the epigastric.
It ascends obliquely along Poupart's ligament and curving around the crest of the ilium between the attachments of the internal oblique and transversalis muscles inosculates with the ilio lumbar and inferior lumbar arteries.
The coverings of the hernial tumor vary in number with the different authors on anatomy.

By careful dissections almost any number may be found, but in the majority of cases they are considered as six.

Commencing externally we turn back the common integument; under this is the fascia superficialis which like the common integuments extends over the whole body; after laying this aside we expose the intercolumnar fascia which is composed of cellular and fibrous tissue and attached to the pillars of the external abdominal ring, closing it in the natural state of the parts. Running this we have presented to us bands of muscular fibres separated from each other and running from the apex, to the base of the tumor; this is the cremaster-muscle, which is a part of the internal oblique arising from the middle of Poupart's ligament and forming a series of loops upon the Spermatic cord.

Under this is the transversalis or infundibuliform fascia, and peritoneum. The former is a lamina of cellular tissue which clothes the internal abdominal wall. The internal covering or peritoneum is the serous membrane of the abdomen, it is like all serous membranes a closed sac except in the female. It lines the viscera, and is reflected over the parietes of the abdomen. By its smooth surface and secretion it facilitates the movements of the abdominal viscera.

The causes are predisposing, and exciting. Of the predisposing we have weakness of the abdominal parietes which may be produced by various circumstances; there may be congenital malformation or deficiency of the proper stimulus, weakness depending upon some morbid, or healthy actions, as abscess, dropsy, injuries causing a disintegration of the tissues, distention from the pregnant

uterus; again some portions are naturally weaker than others as in the situation of this variety about the abdominal rings. If the exciting causes violent muscular actions depending upon obstructions in the intestinal canal, passing of urinary calculi, and ineffectual attempts to void the urine from disease of the prostate, spasm of the sphincter urinae, strictures, &c. Hernia is also frequently produced by violent bodily exertions, as when lifting heavy weights and the like especially if the tissues are relaxed, or weakened by previous disease. Jumping from considerable hights with the muscles in a state of rigidity upon some firm body is frequently an exciting cause.

Sometimes the intestine follows the testicle in its descent and engages in the canal before the internal ring closes. This is the congenital form.

The symptoms often make their appearance

in the midst of some violent muscular
contraction, the patient feels as if something
had broken or ruptured in the lower portion
of the abdomen, and upon examination
a tumor variable in size presents itself,
which may or may not be returned within
the cavity. If the inflammation attending
the laceration is no greater than usual in
other parts of the body from a similar cause,
and the portion of viscus readily returns the
symptoms will be of a mild character, and
the constitution be but slightly involved;
but on the other hand if the portion of
viscus becomes impacted, and the inflam-
-mation is so great that the circulation is
impeded, and afterwards arrested, then we
have all the symptoms of strangulated
hernia, viz. those of prostration, reaction, and
mortification.

In the state of prostration the skin is
cold, flatulence and colicky pains with
sense of tightness across the abdomen,

a great deal of uneasiness about the Stomach and point of constriction, pulse small, wiry, and rapid.
After the intestines are evacuated below the point of Stricture, (which occurrence often gives the impression that there is no Stricture) Continual straining with attempts to defecate, nausea, pale and distressed countenance. These are followed by reaction. The skin becomes warm, pulse full, and hard, face flushed, extreme restlessness, nausea, and vomiting, first of the contents of the stomach, then bile and mucous, and afterwards the contents of the upper portion of the small intestine. Tenderness on and about the tumor which extends over the abdomen &c.
After a variable time the constricted part begin to mortify, the surface becomes wet with perspiration, skin

cold and clamy, pulse very rapid small and tremulous. Hippocratic countenance, vomiting of great quantities of feces, abdomen tumid, tongue dry, teeth crusted, sub-sultus tendinum, abdomen and tumor not tender but dusky red and emphysematous. If the tumor is in the scrotum and is shaken the sound is like the one produced by shaking peas in a bladder, till pain ceases and the patient thinking that he will recover soon dies.

As to the diagnosis of indirect inguinal hernia it may be mistaken for several other morbid conditions. Situated in or about the inguinal region, as abcesses, encysted or diffused hydrocele, of the cord, fatty or other tumors, the lodgement of the testis in the inguinal canal, and the direct form of inguinal hernia,

It may also be taken for colic, and other diseased conditions of the abdominal viscera.

First abscess. If an abscess should point in the inguinal canal it would be distinguished from a hernial protrusion, by the previous symptoms accompanying the formation of an abscess, and the soft fluctuating feel of the tumor, which though reducible by pressure, and returning on coughing with a distinct impulse, yet does not present the solid character and gurgling sensation of a hernia.

From encysted or diffused hydrocele of the cord. In this case you have a well defined tumor on the spermatic cord, it cannot be reduced into the cavity of the abdomen, and has no gurgling noise. The absence of a distinct impulse on coughing, the impossibility of feeling the cord in a free and

natural state, and its remaining for a long time of the same size prevents it from being confounded with hernia, fatty or other tumors. These are occasionally found on the cord, but their distinct circumscribed form, limited size, and giving no impulse on coughing, with other general symptoms make their diagnosis easy.

The lodgement of the testes in the inguinal canal. This will give rise to a tumor closely resembling a bubonocele, and if it should happen to become inflamed in this situation, the diagnosis from strangulated hernia might be very difficult. But the absence of that organ in its natural position, the sickening pain, absence of gurgling and the undisturbed evolution of the intestinal canal, together with other symptoms which have been mentioned will usually prevent a mistake.

The direct form may be mistaken, or the direct form if it is of long standing, as the tissues between the rings by the constant pressure exerted on them by the tumor become condensed, and thus we have indirect, becoming direct by mechanical causes.

The main point to be considered in this case, is the position of the epigastric artery, for if the hernia should become strangulated, and an operation be required care must be taken not to wound it.

When it descends into the scrotum it may be confounded with first hydrocele of the tunica vaginalis. In this case the tumor is oval, or pyriform, usually translucent, unchangeable in size or shape by pressure, the cord clear and distinct above, absence of impulse on coughing, and gurgling in attempts at reduction.

. Varicocele. When this is suspected let the patient assume the reclining posture, then place the hand over the abdominal ring, then upon returning to the upright position if it is hernia it cannot return, but if varicocele it will return because the veins are filled by the Spermatic arteries. Tumors of the testes may be distinguished by their solid feel and other characteristics symptoms. In hematocele the tumor is solid, opake, pyriform, absence of gurgling irreducibility &c.

Thus in a limited and imperfect manner I have noticed some of the diseased conditions which may be compounded with hernia. Much could be said upon this important topic, but as I deem what I have mentioned as sufficient, I will pass to the Prognosis -

The sac sometimes attains to an enormous size. Nearly all the abdominal organs have been found within it, thus making

it almost as large as the abdomen and extending down to and below the knees It may remain continually external or returning and disappearing according to the position of the patient through the course of life without any serious symptoms occuring or it may become strangulated as it more usually is at its first appearance terminating the life of the patient in a short time if not relieved by the prompt and efficient operation of the Surgeon

The treatment is first that for the reducible, Secondly for the irreducible and thirdly for the strangulated condition, The reducible. In this condition of the hernial tumor all that is indicated is its reduction and afterwards the application of the truss It will usually return upon assuming the recumbent position but if it does not measures must be taken which will

be described when noticing the treat-
-ment for the strangulated condition
After it is within the abdomen the
truss is to be applied to prevent its
return This should be nicely adjusted
to the patient so that the pad may
press directly over the internal abdominal
ring and must be worn continually
day and night This in children and
recent hernia produced by violence
usually produces a radical cure but
in middle and old age a palliative
result only can be expected There is
one exception to the immediate app-
-lication of the truss after the reduction
of the tumor and that is in the infan-
-tile variety when the intestine follows
the testicle and is in immediate contact
before it emerges from the inguinal
canal Almost an endless variety of pads
has been devised and employed but
the main object is to prevent its return.

Irreducible, the palliative treatment is all that can be employed. Sustain the parts with bandages. The bag truss is the only one that can be worn as the others might excite inflammation and on account of the adhesions an operation is inadmissible (unless the life of the patient is in danger) both from the impossibility of returning it after the sac is opened and from the fact that it would be likely to act as a foreign body in the abdomen if reduced. Keep the patient as comfortable as possible open the bowels with laxatives prevent constipation. Cool baths and light diet should be enjoined and all causes that would tend to excite inflammation should be strenuously avoided. Sometimes when the tumor is small and recent weights placed upon and maintained for some time together with low diet and cathartics will by causing absorption lessen the size and bring about its reduction

for Strangulation. When the tumor becomes
strangulated the most active treatment
should be employed and first the taxis
Place the patient in the supine position
with the shoulders raised the lower ex-
-tremities in a perfect state of flexion
and the knee of the affected side turned
inwards In this position all the muscles
are relaxed as far as possible. Then the hand
of the surgeon should be introduced between
the thighs of the patient. the tumor grasped
with one or both hands and by gentle
manipulation the contents are to be
returned. If they do not readily return
draw down gently the neck of the sac
pushing back first the contents nearest
to the ring and so continue until the
intestine is emptied After they are in
the cavity of the abdomen then proceed
to return the viscera in exactly the same
manner that the contents were disposed of
So great caution should be

employed and the direction should
be in the axis of the inguinal canal
It should not be continued over fifteen
or twenty minutes for fear of inducing
inflammation If these measures fail other
should then be employed as opium, cold
water, ice, venesection, tobacco enema, tartar-
emetic, ether, chloroform the warm bath &c
After these have been judicially employed
and no benefit results the operation
should be immediately resorted to; the ear-
-lier the better and if it is performed before
inflammation comes on the chance for
success is great But if delayed the life
of the patient may be forfeited. The operation
generally performed consists in opening the
sac dividing the stricture and returning
the intestine. Operation. The patient should
be brought to the edge of the bed the blad-
-der emptied and the part included in
the operation shaved; an incision is then
made of sufficient length commencing

a little above the internal abdominal ring through the common integument afterwards the operation is continued by punching up portions with the forceps and dividing with a scalpel then introduce a director in the opening made and divide up and down. proceed in this manner till the sac is reached which may be known by its rounded and tense appearance and the arborescent arrangement of the vessels upon its surface A portion of the sac is then to be punched up and rubbed between the thumb and finger to ascertain that no portion of the intestine is included, then grasp with the forceps a portion and cut upon the points with a scalpel laid horizontally to the former. introduce the director and divide as before

When the sac is opened a greater or less amount of serum will flow out, and is a sign that it is opened

You relieve the structure by carrying up a director if the finger cannot be used. In the grove place the hernia knife and then with both instruments in a line parallel to the axis of the body separate them and the fibres of the tendon of the external oblique will be felt to give way, then return the viscus as before described if mortification has not taken place apply proper dressings and treat the indications as they arise.

Dibble

I propose to discuss for a few moments the subject of Dysentery.

This disease is equally fortunate with many others in having received various names by various authors, some of them more acceptable to the one in common use so far as etymology is concerned & in leading to no theory inconsistent with its pathology.

However it seems to matter very little what a disease is called as its nature is understood; in fact it is the remark of an able authority "that the more hieroglyphical we can make our terms the better, in so uncertain a science as Medicine.

Dysentery is an inflammation of the mucous lining of the Colon & Rectum attended with griping pains in the abdomen, frequent, small, mucous & bloody stools, with distressing tenesmus, the whole accompanied by more or less febrile ac-

tim,

The disease is sometimes preceded by slight indisposition, langour & loss of appetite, pains in the abdomen & Diarrhea; at others it commences at once with the characteristic pains & discharges.

The tongue is coated the pulse quicker, smaller & harder than natural, is pain & tenderness along the track of the Colon & Rectum, the latter sometimes protrudes & is made excessively tender & painful from the acrimony of the discharges.

The evacuations are very frequent amounting in severe cases to thirty or forty in the twenty-four hours, & consist of mucus mixed with blood in variable proportions, or of a bloody serum- compared by some to the washings of meat- in which may be seen floating clots of blood.

Feces may be discharged, but they are

usually in the form of hardened balls though they bring a temporary relief.

The stools are sometimes horribly fetid & most always in well marked ~~and~~ prolonged cases there is a peculiar depressing odor characteristic of the disease.

The tenesmus is one of the most annoying symptoms of Dysentery as well as the most incessant, so much so, that the patient is hardly ever free from a desire to evacuate the Bowels.

The liver is very frequently at fault & there is diminished secretion of bile, pain & tenderness in the epigastrium, the skin & conjunctival may take on a yellow hue, & is frequent vomiting, which is not usually present in the disease uncomplicated with hepatic disturbance.

The inflammation often reaches the whole length of the Colon— the extent of which may be known by gentle pressure

along the track of the intestine - increasing in proportion to its amount the gravity of the disease.

The bladder & urethra are often rendered irritable from sympathy with the adjacent inflammation.

Frequently in epidemics the disease assumes from the first a typhoid cast marked by foul tongue, sordes about the teeth, low delirium, & at times is fearfully malignant the system succumbing at once to the violence of the attack.

Terminations — The disease may terminate in recovery, in death, or in Chronic dysentery.

The great proportion of cases with proper remedial means get well, all the symptoms abate in violence, the fever subsides, the pain ceases & the evacuations are less frequent & improved in appearance.

But if the disease proceed & be left

to itself all the symptoms become aggravated, the patient is weakened by the exhausting discharges, the pulse becomes attenuated & almost imperceptible the skin cold & clammy, the features pinched & shrunken & is a ghastly expression of countenance, the powers of life sink & death is the result.

Again the disease may end in Chronic dysentery which not unfrequently proves a most intractable disorder debilitating & rendering miserable the life of the patient & exhausting the skill of the practitioner.

In these cases the symptoms lose their force, the pain is not so severe nor the tenesmus so constant, but the discharges are frequent, the appetite inordinate or vitiated, emaciation follows & these are all the signs of an impaired nutrition

Morbid appearances— Are those of inflammation, the mucous membrane

is reddened & congested, in some cases all the coats of the Colon & Rectum are thickened, indurated & contracted.

Ulceration is not uncommon & sometimes in malignant cases the bowel has passed into the gangrenous form.

The disease may extend itself to the glands of the mesentery which become enlarged & softened.

The liver & spleen sometimes show signs of congestion.

Causes — Dysentery is usually attributed to alternations of heat & cold, it is most prevalent in the beginning of the autumnal months when cool nights succeed to warm days.

Any irritating substances such as unripe or over-ripe fruit may be exciting causes of the disease.

Its favorite haunts are in poor & densely populated districts where there a deficiency of all the requisites of

health, pure air & water, food & clothing of a proper quality & quantity.

But the disease seems most to revel in tropical climate & malarious localities, where there is heat moisture & vegetable decomposition, & here is where it takes its most malignant type.

The older writers recognized in it a specific contagion & that it arose from emanations of the discharges; this idea is repudiated by later authors, especially in sporadic cases, of epidemics all speak doubtfully.

There seems to be some confusion about the term contagion & it is not very difficult to confound it with infection or some epidemic constitution of the atmosphere.

I have met with no writer who contends that contact with the affected patient will produce the disease.

In assuming a contagious principle

at least for the uncomplicated form of the disease, we are deprived of anything like analogy with any of the other local phlegmasiae.

It is easy to conceive that a continued exposure to the putrid & depressing exhalations of dysenteric discharges, along with an epidemic influence in the atmosphere, may so far have a debilitating effect, at to derange the appetite & digestive functions, & thus prepare the system for the reception of the disease upon any exciting cause however trifling.

When the disease breaks out in fleets & armies where men are crowded ~~together~~ in the hold of a ship breathing an impure air, or exposed to the vicissitudes of a soldier's life enduring long marches beneath a burning sun & encamping in the open air at night, it is a fearful malady & spreads with the rapidity & certainty of con-

tagion.

It haunted every step of the American army in Mexico like a shadow, proved fatal to a large proportion who were attacked & clung persistently in a chronic form to many who returned.

Among the predisposing causes may be mentioned a previous attack, for this disease seems to follow the general law of the local inflammations, that it is liable to repeat itself on the same individual, so much so that there are persons who if exposed to the most insignificant exciting cause under favorable conditions for its development contract the disease.

Prognosis — In simple dysentery is most always favorable.

Complications of hepatic or cerebral nature involve a more guarded opinion. Many consider a persistence of the disease beyond twelve or fourteen

days as itself ground for alarm.

In Chronic dysentery prognosis is most always doubtful.

Treatment— Probably there are few diseases that have received such a diversity of treatment as dysentery.

Bleeding general & local, purgatives alteratives, emetics, astringents, diaphoretics & sedatives, have had their advocates & all indeed seem proper in certain forms & stages of the disease.

Bleeding appears to be favorably considered by nearly all the writers I have consulted & some of them think there are few cases that do not demand the free & repeated use of the lancet.

The discrepancy between the books & practitioners on this point is apparent.

Medical men of extensive practice assure me they have not performed venesection for Dysentery in a number of years. The disease being essent-

ially one of debility it is not easy to imagine any benefit to accrue from general bloodletting.

Purgatives of a mild nature are highly useful, especially at the commencement of the disease freeing the alimentary canal of irritating matters & depleting the abdominal vessels & if these be hepatic complications the mercurial cathartics are indicated to exert an alterative influence on the liver.

Many cases of simple dysentery may be arrested by a mild dose of Castor Oil followed by an opiate with subsequent attention to diet & clothing.

Mercurials in alterative doses are called for if there is much fever & derangement of the liver.

In some few cases that have come under my own notice a powder of equal parts of Calomel, Rhubarb & Dover's Powder in doses

of from one to two grains has seemed to act admirably, changing the nature of the evacuations & improving the general condition of the patient.

Opiates are invaluable after the violence of the inflammation is subdued.

One celebrated physician & toxicologist thinks to cure the disease entirely by the use of Opium in large & frequently repeated doses.

Combined with diaphoretics it is without a rival, subduing the pain relieving the tenesmus & tending to the surface.

Ipecac has been much lauded & one lucky fellow made his fortune by divulging it as a remedy for dysentery. But practitioners are unwilling to allow that it possesses virtues in this disease beyond its diaphoretic action & its power of communicating an anti-peristaltic action to the bowels.

In cases attended with great pros-

tration, stimulants & tonics are called for from the first & some of the alcoholic preparations of Peruvian bark would seem to be useful if the stomach could retain them.

To relieve the tenesmus opiate injections & a combination of laudanum & starch is a popular remedy, thrown into the rectum in small quantities that it may be easily retained.

Enemas of cold water are useful to dilute the acrid discharges & prevent excoriation of the anus.

Astringents are proper when the inflammation has spent its force & a combination of lead & Opium is among the best.

Injections of Acetate of lead have been used with great success combining a sedative with an astringent effect.

Fomentations are tried with benefit; flannel wrung out in hot water with addition of

Tinct of Opium or some of the other narcotics and applied to the abdomen the whole covered with oiled silk will act well to relieve the pain.

The treatment of the Chronic form of the disease involves a host of remedies.

The Materia Medica seems to have been ransacked to find the wherewith to cure the disease.

As a general thing there is little inflammation to combat, but the discharges resist with singular obstinacy the action of remedies.

Astringents & alteratives are most relied on. Copaiva & Turpentine will will sometimes change the condition of the alimentary canal.

The sulphates of Zinc & Copper act admirably sometimes by their tonic as well as astringent effect. Alum, Tannin, Nux Vom. & Nitrate of silver are used, Some of the preparations of Iron as the Sulph. Sol. Sesqui-Nitr & Tinct Muriat are used with benefit. Armed with all these, the practitioner is sometimes despoiled of success in the treatment of Chronic dysentery

Frederick Dibble

Bilious Remittent Fever

Now a few moments consideration I have chosen Bilious Remittent Fever. This disease is one of the endemic fevers of the United States, especially its Southern & Western portions. It shows a partiality for certain districts which abound in marshi miasma, where the intermittent prevails, & it is said that a more intense operation of the same morbific cause required for the production of intermittent fever, engenders the remittent. It seeks a different locality from either Yellow or Continued fever, the latter preferring a crowded city, while Bilious Remittent is usually a disease of the country.

Though there is no danger of

mistaking the one for the other, it is of importance that they should be distinguished; the treatment proper for the one, being altogether unsuitable for the other, especially in the primary stages.

Remittent fever has the same types as the intermittents: the most frequent is the quotidian; & next to that the double tertian, having a daily paroxysm, but that of one day differing from that of the other, the alternate paroxysms resembling each other both in time & character.

Symptoms.

For a few days before the commencement of the disease, the patient is affected with a general feeling of uneasiness, fugitive pains about the body,

impaired appetite; - the pulse may be slightly accelerated, & the tongue coated.

At other times the disease is ushered in at once, without premonitory symptoms of any kind, but with chilliness, or distinct rigors. The patients in the cold stage experience nausea, vomiting, thirst, pain in the loins & extremities, with a small & depressed pulse. The duration of the chill varies from a few minutes to an hour, & is seldom so severe or long continued as in intermittents fever.

When febrile action is established, the skin is hot & parched, the respiration hurried, & the pulse increased in frequency, strength & fullness. The tongue is usually coated

of this period, with a thin fur. There is loss of appetite; the face is flushed; there are pains in the back & head, with occasional delirium.

The more or less severe these symptoms are, the milder or severer the case.

If proper treatment is not applied, there is an increased virulence of the exacerbations, & the powers of life gradually sink. The skin becomes cool, & covered, generally or partially, with a cold clammy sweat; the pulse becomes small & weak; the tongue covered with a dark thick coating, & occasionally dry & chapped; the respiration is short, quick, & difficult; the abdomen sometimes swollen & tympanitic; delirium or coma

often ensues, not unfrequently, 5
repeated, & at length involuntary
discharges take place from the
bowels of a dark fetid
matter, & finally death ensues.
In the milder form of the
disease, or where it has been
treated properly, instead of the
symptoms increasing in violence
at each paroxysm, there is
a decided improvement; the
symptoms are less aggravated, the
remissions are more distinct, & a
return to health may be anticipated.
One of the most common of the
symptoms, is the tenderness of the
epigastrium, a sense of oppression
& sometimes a burning pain, which
is described as intolerable.
Nausea & vomiting are frequent
in this disease, often rendering it
difficult for the stomach to

~~It~~ retain either medicine or food. The bowels are usually constipated, & when they are purged to act, the stools are dark colored, & offensive. There is sometimes, however, looseness of the bowels from the first & this along with the vomiting, is said to make the case simulate an attack of Cholera morbus.

The urine is scanty, & one of the most striking symptoms of the disease is a yellowish hue of the ~~eyes~~ skin, & white of the eyes. Delirium, though not very frequent, at first, is very liable to set in before the end of the disease; & in bad cases there may be hiccough & subsultus tendinum.

Terminations

It may terminate in death, as I have said before; - in ~~health~~ resolution, - the most agreable

end; or in continued fever which is always considered ground for expecty. Sometimes instead of concluding gradually the disease terminates abruptly, by a profuse perspiration or critical discharge from the bowels, or it may be followed by intermittent fever.

Prognosis

The prognosis is generally favourable in mild cases the great majority of cases getting well with proper care & treatment. In unacclimated persons the danger is greater than in the residents of the district. Among the alarming signs are great frequency of the pulse, low delirium, dark tongue, with hiccough & great prostration of the system.

Morbid Appearances

The morbid appearances are usually inflamation or congestion of some of the Chylopoietic viscera, particularly the mucous membrane of the stomach & intestinal canal; the liver & spleen are often implicated, & signs of inflamation have not unfrequently been observed in the brain & its membranes.

Causes

The essential cause of this disease is identical with that of intermittent fever.

Remittents sometimes appear & prevail epidemically, involving wide tracts of country, which had previously been strangers to the disease.

Treatment

The treatment in the cold stage, if it be protracted,

the patient should have an emetic if there is evidence of acrid or indigestible contents in the stomach. Diaphoretics, as infusion of Eupatorium or Pleurisy. After reaction a cathartic is almost always necessary; & calomel is without doubt the most efficient as it is best retained by the stomach, & has a special tendency to the liver, unloading the portal vessels, & freeing the circulation of biliary ~~secretions~~ matters, with which it may have become loaded; & the bowels, throughout the disease, should be kept free by laxatives, if necessary.

Venesection is of great importance as a remedy, if properly used. I agree that it should not be resorted to in all cases, for

it may exercise a ... effect in broken down systems, when the powers of life are feeble, or the type of the disease asthenic. Positive evidence of inflamation of any of the viscera, or even congestion, would warrant the use of the lancet. If the stomach is irritable, cups or leeches applied to the epigastrium; & if this does not seem advisable sinapisms, or rubefacient applications are proper. After evacuating the bowels, diaphoretics are called for; & if the stomach is perfectly quiet, Antimony may be given with caution to avoid nausea. The effervescing draught is pronounced to be the best diaphoretic, that can be given in bilious fever; it is made with citric acid, or lemon juice, & the bi-carbonate of potash, in the proportions of 25 grs

of the bicarbonate, to 1/2 grs of crystallized citric acid with one or two other ingredients.

If there is much nervous disturbance the addition of a small dose of solution of Morphia would be of value. Cold sponging of the surface has enjoyed much reputation, & affusion has been tried.

I believe mercury is considered one of the most powerful remedies, to subdue the disease, on account of its tendency to the liver, & is especially indicated, if the disease is violent from the outset, & it should be given in small & frequently repeated doses. After the disease exhibits a decided remission, the sulphate of Quinine is an important remedy, & it will sometimes terminate the disease speedily, by its specific

power of overcoming periodic
paroxysms. Some give Quinine
without regard to the remissions,
but I believe it is considered
doubtful practice. In fact the
disease should be treated antiphlogis-
tically, as long as there are febrile
symptoms, being careful not to
reduce the patient too much,
as the disease itself is a very
exhausting one.

During convalescence, the patient
should be guarded from the effects
of change of temperature, or from
incurring any fatigue in any way.
His bowels are to be kept regularly
open. Great caution is required
in regard to diet for if he
eats too stimulating food, he
renders himself liable to a relapse.
The patient & his friends think, that
because there is debility, the fever

way to cure it is to give beef steak & such food, not taking into consideration the state of the digestive organs. The food at first should be light, & easy of digestion, & care should be taken not to overload the stomach. His food also should be nicely prepared. Some of the bitter tonics are sometimes appropriate, given in small doses.

There is another variety of Bilious Remittent, sometimes met with, in which all the symptoms here mentioned are increased in severity; there is great prostration from the first, called congestive fever. We should counteract the symptoms as well as we are able, & support the patients strength, & Providence permitting the patient will get well; though it is usually a

-apal disease.
It prevails principally in the Southern & Western portions of the ~~disease~~ United States.

James H. Harriott

Lawton

By Fractures near Joints —

"

There is too much of a feeling on the part of most students, that the department of Fractures is easily traversed, and a competent knowledge of their treatment readily gained: but we think this an error; however clearly and lucidly the symptoms and treatment may be discussed by the Teacher in this department, the student finds, that when he has cases presented, and he is called upon to decide and treat, what seemed easy, proves most difficult, and many obstacles arise, which embarrass his judgement, and render his first cases sources of great anxiety; even if in the result they do not testify to ignorance and incompetence:— in view then, of the importance of a thorough critical acquaintance

with all the symptoms that pertain to fracture, while I do not claim advancing any new aid to diagnosis. I will attempt to arrange and compare some of the symptoms relating to Injuries near Joints, so that they may, by contrast, render the nature of the injury more evident: — and I will consider,

1st. General symptoms of Fracture
2d. Special symptoms of Fracture
3d. Best methods of conducting examinations to discover obscure fractures.
" 4th Treatment —

1st General symptoms —

Liston, in his "Elements" says,* that "deformity, shortening, loss of power, unnatural motion on extending, or moving the limb, pain, & grating, mark solution of continuity in bone, or fracture. —"

and Pirrie says:+ "Pain, obvious

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*"Elements of Surgery," by Liston — Page 552
+ Pirrie's Surgery — Page 125 —

" deformity, unnatural mobility, crepitus, "
" and inability to move the affected part."—

other authorities, and all surgeons from the experience of their daily practice, recognize these morbid appearances, as the general signs of fracture; yet they are not always present, always present, nor can we expect to find them marking every case.— deformity is, we may say, often not produced in transverse fractures, as of Humerus or Femur, the ends of the bone may so articulate, as to manifest no deformity, until the surgeon by severe manipulation shall displace the fragments; patients have often walked for some distance, with the Tibia & Fibula broken, and the cases are frequent, when general symptoms have been relied on, and being obscure or absent, the injury has been pronounced trivial, and the patient suffered

his life-time from the mistake —
So also in fracture of neck of femur.
Dr. Knight, in a published letter
mentions a case where he says,
"there was no deformity of any
kind, nor any crepitus!" A third was
fracture with denticulation in his
opinion, and some days later the
ends were displaced, and then both
signs were marked — Crepitus is
considered one of the most reliable
signs, yet it may be absent, and ad-
mitting that it is regarded just
as it is, there is a crepitus in dis-
location also, with which it may be
readily confounded, and just from its
being regarded as it is, the great desire
to ascertain it often involves too
much handling — inability to
move the limb, characterizes almost
every dislocation — of course excessive
freedom of motion is an unmistakable sign.

Such then are the general symptoms of fracture — yet as we have seen, not infallible, as we may have them most, if not all, without fracture, and dependence upon them alone, renders the diagnosis of the difficult or false: we need then some more definite symptoms — special signs which can characterize only special injuries, and which, when evident, render the nature of the injury certain — thus the head of the Humerus in the axilla may result from dislocation — there may be fracture as a complication, but the fracture does not produce this sign — the rotation of the Trochanter Ina or on its own axis, can come only from fracture — and in examining an injury of the hip in an aged person, dislocation may be thrown out as improbable, if not impossible — We come now to our second points, and will con-

sider it in connexion with the third, as we can the better illustrate them, and bring them out more clearly —

2.d Special signs of Fracture, and, best methods of conducting examinations, to discover obscure Fractures —

Before entering upon the discussion of this subject, we would speak of the necessity of a critical & thorough knowledge of Anatomy, in the diagnosis of Fractures — supposing the case of an injury to the shoulder joint; how can one ignorant of the anatomy of the parts, recognize the nature of it? he may in a parrot-like way have learned all the ordinary signs of fracture from his text books, but if the case be obscure, with faint & great

No. 4.

swelling, it is necessary indeed to have in manipulation the "Tactus eruditus": one should know just what to look for. & where; and so in every case the Surgeon should have a perfect acquaintance with the frame in state of health, fix firmly in his mind, the size, shape, situation, & organization of every part, and its relations to every other: only thus can he be best able to recognize any deviations from a normal state, and to satisfy himself as to their nature —

1.st Position is one of the most conclusive Special signs — and its importance is proved by the great stress that is laid upon it by writers in their treatises, & by surgeons in the Cliniques — Immediately upon a dislocation the limb is fixed, and remains except to a limited degree, immovable: it acquires some unnatural position, and retains it; if the

bone be broken near the joint, it also assumes some unnatural position, from the muscles being called upon to act in a constrained manner, or the proper balance is lost, rendering one set useless, and giving to another an excess of power: thus in an extra-capsular fracture of neck of femur, the short adductor muscles that have an insertion into the digital fossa, and its vicinity, lose all control over the limb, and there is little eversion, if any: but if the fracture be intra capsular, there is more complete eversion, and less shortening, at first, if the bone — as a general rule, dislocation produces more deformity than fracture: thus the leg, in a fracture will hang lifeless, and straight, yet can be freely moved, while in dislocation, whatever its nature, it is usually fixed in some position, firmly;

dislocation backwards into the Sciatic notch must mark them this fracture, yet can be recognized by distinct eversion, and a straight line marking fracture, while in dislocation you have inversion, the toes resting upon the dorsum of the other foot. Elevation at the knee, and immobility —

All marked signs ordinarily distinguish injuries at the shoulder.

Fracture of the the lower end of the Humerus, may at first sight be confounded with dislocation backwards, the action of the Biceps, bringing with the fragment, the Radius and Ulna — but the relation of the condyles will be preserved, to the Olecranon; and the form of the joint usually remains undistorted — and if doubt still remains, distension and free motion will readily solve it —

Colles' fracture may in consequence

of the action of the extensor muscles. to be confounded with dislocation. yet although in position the two injuries resemble each other. yet the position of the Styloid process of the Radius is easily made out. which in fracture is easily moved with the hand. while in dislocation it is immovable. being fixed of course as a part of the Radius — thus we see that position is a very important point in the diagnosis of fractures. —

2ly. Again, the Return of the injury is worthy of attention — if the patient fell. and thus was injured. how did he fall? the manner of falling sometimes will throw light upon the resulting injury; and in many cases we can almost Pay to a certainty. without seeing the patient. whether the injury produce dislocation. or fracture — thus a man is thrown

from a horse: the way he strikes almost decides what the resulting injury will be — if he falls upon the point of the shoulder, and you find a severe bruise, great pain on motion, great ecchymosis, even if great swelling obscure the examination, you can almost positively pronounce, fracture. if he falls directly backwards, or forwards, probably the injury will be the same —

Key says,* "It is very rare indeed" "to find dislocation produced by falls" "backward or forward: both arms" "are thrown out, which greatly mod-" "ifies the force of the fall —" "

if on the contrary, you ascertain the fall upon an outstretched arm, and there is any distortion as to the position of the forearm you may conclude it is dislocation — the force of the fall being thrown upon the hand and arm, would bring the strain

* "Operative Surgery" by Key — page 87 —

on the Capsular ligament, and almost necessarily cause its rupture — more commonly direct violence produces fracture rather than luxation, and generally, if the force be received at, or near the joint, fracture results, while dislocation, more often results from forces operating at a distance.

9th. Inability to perform certain motions, is regarded as characterising certain injuries — thus if the Coracoid process of the Scapula be broken, the Biceps & Coraco-brachialis are rendered useless and the motion of the arm forwards & upwards is prevented — if there be a luxation of the Humerus, carrying the hand to the opposite shoulder, there is inability to bring the elbow down to the side, from the fixed position of the bone against the costae — "Dr Dugas says this is proof positive." *

* Transactions of Am. Med. Asstn, paper read by Dr Dugas of Georgia —

4th. age is deserving special attention in the diagnosis of fractures —

At a Clinique Howard once Frank Hamilton related a case thus — he was sent for one day by a surgeon in the country to come out, and reduce a dislocated hip: he asked the patient's age, and on being told, seventy years, went. But after his duties at home — the case was fracture, and no man could accuse him of recklessness in leaving them: — if an accident occurs to a hip, and the patient finds, upon sitting, that he cannot stand or walk, one of two things is true, almost certainly, fracture, & dislocation: now if he be a young man, or below the turning point in life, the chances are that it is dislocation: yet in this case he cannot decide so readily from this one sign — he must refer

to the special signs formerly mentioned. position and manner of falling: if the limb be straight, shortened, with excessive motion, we conclude it is fracture: but if on the contrary, the patient be an old person, say seventy years, and the force producing the injury not great, we may say confidently that it has resulted in fracture: very little force is requisite to fracture bone in an old person: the brittleness of the bone, and the altered angle of the neck, with the shaft, favor it, and the cases are of every day occurrence. Often by a slip, and so from mere muscular action, or by a fall from a chair, or an erect position upon the hip sideways or in the spring, the neck of the femur is broken—I have seen many such cases, and regard the dislocation of an old persons hip almost impossible—in a somewhat extended search. I

have not found the record of a single case: Years ago a relative, an old lady in stepping down a step, slipped and fell — upon taking her up, the power of resting upon the limb was gone, and it being helpless, great pain and swelling accompanied it; a surgeon, reputed skillful and experienced was called, and after examination pronounced the injury an obscure one, and denied fracture — she lived some months, and died, worn out; no post-mortem was held — but I never have had the least doubt, from what I know of the case, being present, that it was a fracture, probably within the capsule, and it is not presumptious to doubt the correctness of his diagnosis, when remembering her great age, perfect uselessness of the limb, and inability to control an excess of motion —

5. The rotation of the trochanter major deserves mention has lately, as a Special sign — I find no mention of it in any of several authorities I have consulted, though R. W. Smith* of Dublin just mentions it in two lines — We know the length of the neck in its natural state, hence can calculate about what would be the arc of a circle in which it would rotate: in a dislocation, the neck remaining the same, the arc described would be of ordinary size — but in fracture, the neck being shortened, the fragment of the shaft must be the radius, and so describe under the finger the arc of a much smaller circle — this is a valuable sign, and one not to be neglected —

I will return to the shoulder joint a moment and close — I have remarked the difference in

* "Fractures & dislocations," by R. W. Smith — page 9

the signs of fracture of Humerus under the deltoid muscle and dislocation — there is an injury still more difficult to recognize & distinguish from luxation: by a fall upon the shoulder, the greater tubercle may be broken off; here we shall find some signs of fracture, and some of dislocation; yet here the intelligent surgeon need not long be in doubt: there will be such a breadth as marks nothing else — the arm though standing out from the side, can be brought down; many of the motions of the arm are free and easy: the Acromion projects less than in luxation: to distinguish it from fracture of neck of Scapula we notice the length of the arm — in fracture the arm is lengthened, but by pressing upwards, bearing it towards the body, it can be returned to its natural length, while in

the other case the arm is not lengthened — I have seen one or two such cases, and in truth the nature of the injury was obscurely manifest — in such a case, and in many that daily occur in every department of our professional observation, we must reason by exclusion, and so shall often find obscurity & confusion cleared away —

These then are some of the signs, which I call rational signs, which will often be of essential service in many accidents which are obscure, and where we need all the helps we can possess ourselves of, to assist in diagnosis & prognosis:—

We are interested in our subject, and would like to touch upon some injuries, which space compels us to omit — for we are only writing a Thesis, not a thorough Monologue on Fractures

No. 10

As to our Fourth point,

Treatment,

until by the experience of long practice, we are better qualified to judge of treatment already adopted. We are disposed neither to criticise nor add, though there is room for both. But to adopt the treatment in general, laid down by others. —

From what we have seen and read, we feel there is the greatest necessity for the utmost skill knowledge on the part of the Surgeon in the diagnosis of these severe injuries — in many cases death relieves from suffering; in other affections human skill is impotent: but here it is within the province of the skillful man, to restore nature, so far as may be, to her original integrity. Or by

ignorance, to entail months of suffering and a life of crippled deformity. Louis, in regard to another subject, says, "Sans un diagnostic exact" "et précis, la théorie est presque" "toujours en défaut, et la pratique" "tique souvent infidèle" — "

J. Lawton

Jan, 1859

surly

Phthisis Pulmonalis.

This disease is characterized by emaciation debility, cough, hactic fever, and purulent expectoration,

The causes which produce this disease generally known as Consumption are very numerous; the followings are the most general hereditary predisposition, particular formation of the body, long neck, prominent shoulders narrow and flat chest, light hair delicate easy complexion, and also those of a strumous diathesis.

Persons predisposed to Phthisis are those who inherit it at birth from their parents, and it may lie dormant in the system for any length of time until some change takes place in the constitution which may develope the disease, exposure to cold is one of the most frequent exciting causes, alternation of temperature, change of climate sudden

Appear of the customary evacuations as the Menses &c. a derangement of the digestive organs; or persons labouring under chronic diseases for any length of time will frequently terminate in this disease where the constitution of the patient becomes impaired; under these circumstances it is necessary to consider that the nutritive properties of the blood are entirely dependent on a proper assimilation of the food and without which the blood becomes impoverished and imperfect growth of the tissues takes place, then it is easy to account for the wasting of the bodies of those persons who are labouring under this disease, and it is the first thing that is noticed at the commencement, consequently the strength and vigor of the System is broken down reparation is no longer carried on and the ballance is lost between the various functions of the body

As regards the nature of tubercles, there has been much discrepancy of opinion among different authors, but at present tubercles are generally considered to be a morbid deposit: sometimes it is gray, but more frequently of a yellowish color varying in size and of a cheesy consistence from which sooner or later undergoes a process of softening and coalesce with each other forming one or more cavities by which the lungs become solidified.

The natural progress of tubercular exudation is at first deposited in a fluid state from the capillaries in the same way that lymph is deposited under other circumstances, it may take place in any part of the system, but more frequently it is carried into the lungs through the small vessels and deposited in the air cells, this fluid becomes coagulated and constitutes a foreign body which can only be removed

either by absorption or excretion.

Thus the miliary or infiltrated form whether gray or yellow after a time soften from the ulceration of the surrounding tissues, produced by the pressure of these foreign bodies, upon the neighbouring parts, which excite more or less inflammation and then ulceration follows this is the manner in which all tubercles are first broken down, and the ulceration may be more or less extensive according to the morbid deposit.

"It is found on microscopic examinations that tubercular masses are composed of filaments more or less mixed up with plastic granular corpuscles,,

Tubercular ulcerations may take place in three ways.

1st. By the gradual transformation of exudations from the lungs

2d. By expectorations and absorption of the exudations and formation of a cicatrix.

2d By the ulcerated walls becoming covered by a smooth membrane remaining open and constituting a chronic cavity. Morbid Anatomy has shown us the manner in which ulceration becomes arrested and also the process of cicatrization of the cavities, but when the ulcerated cavities are distinct from each other having no communication, the possibility of cicatrization will in a great number of cases take place. and which I have no doubt occurs frequently in many patients; under these circumstances I know of no reason why ulcers in the lungs should not heal as ulcers in other parts of the body provided those means can be adapted which will check further tubercular exudations and also to support the strength and nutritive processes of the System; Just then is the way in which tubercular disease is arrested and even

the deposit at this time of tuberculer matter will be absorbed and the patient will recover with a tolerable good use of the lungs

(Symptoms) The Symptoms of this disease vary in different cases according to progress and extent of the part affected and also the manner in which the disease becomes developed; if preceded by inflammation of the lungs the Symptoms will be more violent and run its course much sooner than that which comes on without any previous disease; a if preceded by haemoptysis the case will terminate usually in a short time. Sometimes the latter comes on suddenly in Individuals in whom there has been no previous suspicion of Phthisis, and in whom on careful examinations, no physical Signs of the disease can be detected, and in other cases the Sputa may be more a less

streaked with blood and sometimes a more severe degree of bleeding occurs at the beginning. there is not apt to be much in the latter stage from the fact that there is not so much blood in the system at this time being diminished by the presence of disease; thus in ordinary cases the disease is ushered in with a dry cough that at length becomes habitual; but from which nothing is spat up for some time except with mucus, yet as the disease advances the expectoration becomes muco-purulent. the breathing is difficult and the patient is easily put out of breath when attempting to exercise to any moderate extent.

(Emaciation) This is an early symptom and is generally the first thing which attracts the attention of the patient or his friends by the continual wasting of the body from the commencement even until the termination of the disease

this does not depend on the amount of obstruction in the lungs, but upon a general state of the system; there is more or less pain felt in the breast and back between the clavicle and scapula varying in different persons. the pain may be of a neuralgic sort, or there may be some amount of pleuritis which is generally the case.

Loss of appetite prevails to a great extent, being one of the first changes which takes place in the former habits of the patient, yet in some cases it is much increased, but when the appetite is interfered with the nutritive processes of the system is no longer sustained; however in the state allready mentioned, the patient continues a considerable length of time during which he is more readily affected with slight colds, and upon each other occasions the cough becomes more troublesome and severe particularly at night and

The expectoration is sometimes streaked with blood, the breathing is more difficult as the disease advances.

Hectic fever accompanies the latter stage of the disease when the tubercles commence to soften, acting violently on the constitution of the patient, diminishing the strength and vigor of the body generally when this form of fever obtains, commencing with a chill. The pulse is more frequent than in the former stage. The skin is hot and dry. The pain which was felt at first, is now much increased varying in different cases. The paroxysm of fever comes on in the evening and during the night the patient perspires freely but the perspiration is out of all proportion to the previous chilliness and heat of the body; it also has a close connection with the sleep of the patient. it seldom comes on while he continues to be awake, but the patient is found in the morning

drenched with perspiration. Such then are the various changes which a person undergoes labouring under this disease.

(Treatment) The indications in the treatment of Phthisis are as follows,

1st To moderate inflammatory action,

2d To support the strength and promote the healing of ulcers in the lungs.

3d To palliate urgent Symptoms.

4th To prevent further deposit of tuberculous matter and to produce absorption of the tubercles already formed.

In some cases the disease may be arrested in the beginning by judicious treatment paying strict attention to the constitution of the patient and to improve the faulty nutrition which exists in these cases Animal diet should be freely given in all cases in order to change action and to invigorate the System and I consider this of more importance than any thing else in the treatment of this disease,

we find by enquiring of this class of patients that they are those who — from their early life have not been in the habit of using oily food in any shape, and this I might say is a general thing of those individuals who are subjects for this disease; then in order that animal diet should be digested and assimilated, the powers of the stomach should be attended to, and we find that some patients are unable to digest animal food that it lies undigested in the stomach or is sooner or later ejected; under these circumstances the Cod liver oil will answer a good purpose, and is considered by the profession to be a very important remedy in the treatment of this disease

(Loss of appetite)

The appetite of the patient may be improved by the use of some of the tonics, either Gentian,

Colombo, or some of the preparations of Iron, may be used to a good advantage when the stomach will tolerate there use.

The deobstruent narcotics are supposed to act very well in these cases, and of these are the Conium, and Hyoscyamus, have been more used than any other of this class; they act on the glandular system generally, and tend to change action and to overcome the morbid diaesis which exists in those cases.

Hydrocyanic acid may be given when the cough is harassing. expectorants are generally required to facilitate the excretions from the lungs; of these are the Seniga and Ipecacuanha which may be used according to circumstances.

The Syrup of the Iodide of Iron is also used and the tincture may be used externally to produce a moderate degree of

irritation on the part affected; the Chloride of gold is a valuable remedy as an alterative and a deobstruent, and is used a good deal at the present time in Strumous diseases generally.

Diarrhoea occurs frequently in the latter stage from ulceration of the intestinal glands. and to counteract this, the acetate of lead opium combined will frequently prove serviceable to control the discharges from the alimentary canal. The same will answer very well for hoemorhage from the lungs. If nausea and vomiting occurs, all those substances which are likely to occasion disturbance of the Stomach should be avoided sometimes there is acidity of the stomach when Calcined magnesia or the carbonat of ammonia may be used to overcome that peculiar state of the Stomach (Counter Irritation) This sometimes retards the progress of the disease very

much in the early stage; but when 13
used in the latter it does more harm
than good, and should not be resorted
to except when there is some local irri-
tation which calls for its use

Samuel White

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